2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N07000006329

Entity Name: WILLIE J. WALLACE FOUNDATION, INC.

Current Principal Place of Business:

16254 SW 18 PLACE
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

16254 SW 18 PLACE
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 45-0568471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAWKINS, JORETTA W
16254 SW 18 PLACE
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HAWKINS, JORETTA W	
Address:	16254 SW 18 PLACE	
City-St-Zip:	MIRAMAR, FL 33027	
Title:	SD	( ) Delete
Name:	COX, BETTY J	
Address:	4440 NW 22 STREET	
City-St-Zip:	LAUDERHILL, FL 33313	
Title:	D	( ) Delete
Name:	ALEXANDER, VERLIE A	
Address:	2676 QUANTUM LAKES DRIVE	
City-St-Zip:	BOYNTON BEACH, FL 33426	
Title:	VD	( ) Delete
Name:	WALLACE, RONNIE W SR	
Address:	1411 NW 46 AVE	
City-St-Zip:	LAUDERHILL, FL 33313	
Title:	TD	( ) Delete
Name:	HAYNES, WANDA E	
Address:	4701 NW 41 COURT	
City-St-Zip:	LAUD. LAKES, FL 33311	
Title:	D	( ) Delete
Name:	WILLIAMS, GWENDOLYN D	
Address:	2140 NW 52 AVE	
City-St-Zip:	LAUDERHILL, FL 33313	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY J. COX SD 04/10/2009

Electronic Signature of Signing Officer or Director — Date