2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2009
Secretary of State

DOCUMENT# N07000007154

Entity Name: THE FITZ AND FAY JOHN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

936 CANTON STREET NW
PALM BAY, FL 329077948

New Principal Place of Business:

Current Mailing Address:

936 CANTON STREET NW
PALM BAY, FL 329077948

New Mailing Address:

FEI Number: 26-0653757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHN, FAY M
936 CANTON STREET NW
PALM BAY, FL 329077948 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:	D	( ) Delete
Name:	JOHN, FAY M	
Address:	936 CANTON STREET NW	
City-St-Zip:	PALM BAY, FL 329077948	
Title:	D	( ) Delete
Name:	JOHN, CATHERINE A	
Address:	1100 OAK TREE AVE	
City-St-Zip:	NORMAN, OK 73072	
Title:	D	( ) Delete
Name:	JOHN, JULIA E	
Address:	10738 LESTER STREET	
City-St-Zip:	SILVER SPRINGS, FL 20902	
Title:	D	( ) Delete
Name:	GRANT, SHEILA Y	
Address:	1020 VENETIAN DRIVE UNIT 103	
City-St-Zip:	MELBOURNE, FL 32904	
Title:	D	( ) Delete
Name:	HARDING, RICHARD	
Address:	51 DEACONESS ROAD #2A	
City-St-Zip:	CONCORD, MA 01742	
Title:	D	( ) Delete
Name:	BEACH, GLYGER G DR.	
Address:	4955 EDGECOMBE AVE	
City-St-Zip:	NEW YORK, NY 10030	

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: CATHERINE JOHN MS. 08/02/2009

Electronic Signature of Signing Officer or Director — Date