

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008696

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: JEANIE C. LINDERS FUND, INC.

## Current Principal Place of Business:

1069 W MORSE BLVD STE 1  
WINTER PARK, FL 32789

## New Principal Place of Business:

## Current Mailing Address:

1069 W MORSE BLVD STE 1  
WINTER PARK, FL 32789

## New Mailing Address:

FEI Number: 26-0832667

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LOWMAN, WILLIAM R JR ESQ  
SHUFFIELD LOWMAN & WILSON, P.A.  
1000 LEGION PLACE STE 1700  
ORLANDO, FL 32801 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: DP ( ) Delete  
Name: LINDERS, JEANIE  
Address: 9210 RIDGE PINE TRAIL  
City-St-Zip: ORLANDO, FL 32819

Title: DVT ( ) Delete  
Name: WHITEHURST, KIM  
Address: 1929 CRANBERRY ISLES WAY  
City-St-Zip: APOPKA, FL 32712

Title: DS ( ) Delete  
Name: GRANT, JOANNE C  
Address: 1243 LAKE WILLISARA CIRCLE  
City-St-Zip: ORLANDO, FL 32806

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WHITEHURST, KIM  
Address: 1929 CRANBERRY ISLES WAY  
City-St-Zip: APOPKA, FL 32712

Title: T (X) Change ( ) Addition  
Name: KRICK, DENNIS  
Address: 4544 PARK EDEN CIRCLE  
City-St-Zip: ORLANDS, FL 32810

Title: D (X) Change ( ) Addition  
Name: REICHERS, CHERI E  
Address: 205 W. RIDGEWOOD COURT  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Change (X) Addition  
Name: POOLE, CATHERINE  
Address: 239 CAMBRIDGE DRIVE  
City-St-Zip: LONGWOOD, FL 32779

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: KIM WHITEHURST

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date