

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008775

FILED
Feb 10, 2009
Secretary of State

Entity Name: PRISCILLA FOUNDATION CORPORATION

Current Principal Place of Business:

1205 MICHIGAN AVENUE
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

Current Mailing Address:

1205 MICHIGAN AVENUE
LYNN HAVEN, FL 32444 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRICKLAND, LISA M RA
1205 MICHIGAN AVENUE
LYNN HAVEN, FL 32444 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: P () Delete
Name: REIMERS, CYNTHIA
Address: 705 HUMMINGBIRD ST
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: VP () Delete
Name: HEARN, RENEE
Address: 701 LORI LANE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: D () Delete
Name: LUTHER, JAMES
Address: 4501 TRANSMITTER ROAD
City-St-Zip: PANAMA CITY, FL 32404 US

Title: D () Delete
Name: LONGO, CHAZ
Address: 4501 TRANSMITTER ROAD
City-St-Zip: PANAMA CITY, FL 32404 US

Title: D (X) Delete
Name: KELLER, CANDACE
Address: 2913 COUNTRY CLUB DRIVE
City-St-Zip: LYNN HAVEN, FL 32444 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REIMERS, CYNTHIA
Address: 1205 MICHIGAN AVE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: VP (X) Change () Addition
Name: HEARN, RENEE
Address: 1205 MICHIGAN
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: D (X) Change () Addition
Name: LUTHER, JAMES
Address: 1205 MICHIGAN
City-St-Zip: PANAMA CITY, FL 32404 US

Title: D (X) Change () Addition
Name: LONGO, CHAZ
Address: 1205 MICHIGAN
City-St-Zip: PANAMA CITY, FL 32404 US

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: LISA M STRICKLAND

MRG

02/10/2009

Electronic Signature of Signing Officer or Director

Date