

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008858

**FILED**  
**Feb 25, 2010**  
**Secretary of State**

**Entity Name:** BERNICE R. SHANKLIN CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

4565 COMMERCIAL DRIVE, #103  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

4591 E. HIGHWAY 20  
NICEVILLE, FL 32578 US

**Current Mailing Address:**

PO BOX 5148  
NICEVILLE, FL 32578 US

**New Mailing Address:**

**FEI Number:** 26-0873610      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SHORTS PITELL, LISA Y  
4565 COMMERCIAL DRIVE, #103  
NICEVILLE, FL 32578 US

**Name and Address of New Registered Agent:**

SHORTS PITELL, LISA Y  
4591 E. HIGHWAY 20  
NICEVILLE, FL 32578 US

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: LISA Y. SHORTS PITELL      02/25/2010  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: SHANKLIN, BERNISE R  
Address: P.O. BOX 5148  
City-St-Zip: NICEVILLE, FL 32578

I hereby 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 all other like empowered.

SIGNATURE: BERNICE R. SHANKLIN      PRES      02/25/2010  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date