

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009294

FILED  
May 06, 2008  
Secretary of State

**Entity Name:** ANDERSON FAMILY CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

C/O ANDERSON COLUMBIA CO.  
STATE ROAD 349 NORTH  
OLD TOWN, FL 32680

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 38  
OLD TOWN, FL 32680

**New Mailing Address:**

**FEI Number:** 26-2409879      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

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

ANDERSON, JOE H JR.  
C/O ANDERSON COLUMBIA CO.  
STATE ROAD 349 NORTH  
OLD TOWN, FL 32680 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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ANDERSON, JOE H JR.  
Address: POST OFFICE BOX 38  
City-St-Zip: OLD TOWN, FL 32680

Title: D ( ) Delete  
Name: ANDERSON, JOE H III  
Address: POST OFFICE BOX 346  
City-St-Zip: OLD TOWN, FL 32680

Title: D ( ) Delete  
Name: ANDERSON, MARION D  
Address: POST OFFICE BOX 871  
City-St-Zip: OLD TOWN, FL 32680

Title: D ( ) Delete  
Name: CHILDERS, CYNTHIA A  
Address: POST OFFICE BOX 871  
City-St-Zip: OLD TOWN, FL 32680

Title: D ( ) Delete  
Name: ANDERSON, CYNTHIA T  
Address: POST OFFICE BOX 38  
City-St-Zip: OLD TOWN, FL 32680

Title: D ( ) Delete  
Name: WALL, HARRIET A  
Address: POST OFFICE BOX 207  
City-St-Zip: OLD TOWN, FL 32680

**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: CYNTHIA CHILDERS

D

05/06/2008

Electronic Signature of Signing Officer or Director

Date