2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009294

FILED Mar 27, 2012 Secretary of State

Entity Name: ANDERSON FAMILY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 38 OLD TOWN, FL 32680

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

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: [

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

Title: D

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

Title:

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

Title:

Name: CHILDERS, CYNTHIA A
Address: POST OFFICE BOX 871
City-St-Zip: OLD TOWN, FL 32680

Title:

Name: ANDERSON, CYNTHIA T Address: POST OFFICE BOX 38 City-St-Zip: OLD TOWN, FL 32680

Title: [

 Name:
 WALL, HARRIET A

 Address:
 POST OFFICE BOX 207

 City-St-Zip:
 OLD TOWN, FL 32680

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: CYNTHIA A CHILDERS DIRE 03/27/2012