2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N07000010264

Entity Name: KARL FRISCH FAMILY FOUNDATION, INC.

Current Principal Place of Business:

2001 ORANGE PICKER ROAD
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

2001 ORANGE PICKER ROAD
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 26-1436736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRANT, ABRAHAM, REITER, MCCORMIAK & GREENE
50 NORTH LAURA STREET
SUITE 2750
JACKSONVILLE, FL 32202 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: PD ( ) Delete
Name: FRISCH, E. KARL
Address: 2001 ORANGE PICKER ROAD
City-St-Zip: JACKSONVILLE, FL 32223

Title: VSTD ( ) Delete
Name: ELLISON, KERI L
Address: 2001 ORANGE PICKER ROAD
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete
Name: FRISCH, ERIN A
Address: 2001 ORANGE PICKER ROAD
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete
Name: FRISCH, DANIEL L
Address: 2001 ORANGE PICKER ROAD
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete
Name: DUBBERLY, KAREN
Address: 2001 ORANGE PICKER ROAD
City-St-Zip: JACKSONVILLE, FL 32223

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:

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: E KARL FRISCH MR 03/20/2009

Electronic Signature of Signing Officer or Director — Date