2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N08000001656

Entity Name: VOLUNTEER WAKULLA, INC.

Current Principal Place of Business:

5 CRESCENT WAY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

5 CRESCENT WAY
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 35-2326182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARKSDALE, JO
5 CRESCENT WAY
CRAWFORDVILLE, FL 32327 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: D ( ) Delete
Name: SIMPSON, ANDREA
Address: 3093 CRAWFORDVILLE RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete
Name: JACKSON, SCOTT
Address: 84 CEDAR AVE.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete
Name: NELSON, SCOTT
Address: 8338 SMITH CREEK RD.
City-St-Zip: SOPCHOPPY, FL 32358

Title: D ( ) Delete
Name: DEMPSEY, TRACY
Address: 3486 COASTAL HWY.
City-St-Zip: PANACEA, FL 32346

Title: D ( ) Delete
Name: WOLFGANG, MARY
Address: 96 BEATY TAFF RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete
Name: THURMOND, BRENT
Address: 311 FRANK JONES RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

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: SCOTT JACKSON D 04/22/2009

Electronic Signature of Signing Officer or Director — Date