2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002183

FILED Mar 31, 2009 Secretary of State

Entity Name: THERESA SINCLAIR BLESSING FOUNDATION, INC.

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

684 SOUTHLAND LANE 785 OAKLEAF PLANTATION PARKWAY UNIT 321

ORANGE PARK, FL 32065 ORANGE PARK, FL 32065

Current Mailing Address: New Mailing Address:

9526-B2 ARGYLE FOREST BLVD. PMB 311 JACKSONVILLE, FL 32222

FEI Number: 26-2041766 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HICKMON, LA SHAY HICKMON, LA SHAY

684 SOUTHLAND LANE 785 OAK LEAF PLANTATION PARKWAY UNIT 321

ORANGE PARK, FL 32065 US ORANGE PARK, FL 32065 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: LA SHAY S. HICKMON 03/31/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: D (X) Change () Addition

Name: HICKMAN, LA SHAY Name: HICKMON, LA SHAY

Address: 684 SOUTHLAND LANE Address: 785 OAK LEAF PLANTATION PARKWAY UNIT 321

City-St-Zip: ORANGE PARK, FL 32065 City-St-Zip: ORANGE PARK, FL 32065

Title: D () Delete Title: O (X) Change () Addition
Name: LEE, PATRICIA Name: LEE, PATRICIA

 Name:
 LEE, PATRICIA
 Name:
 LEE, PATRICIA

 Address:
 P. O. BOX 1371
 Address:
 P. O. BOX 1371

City-St-Zip: HIGH SPRINGS, FL 32655 City-St-Zip: HIGH SPRINGS, FL 32655

Title: D () Delete Title: O (X) Change () Addition Name: JONES, HERBERT Name: JONES, HERBERT

Address: P. O. BOX 506 Address: P. O. BOX 506

City-St-Zip: HIGH SPRINGS, FL 32655 City-St-Zip: HIGH SPRINGS, FL 32655

 Title:
 D
 () Delete
 Title:
 O
 (X) Change () Addition

Name: HICKMON, WILLIAM Name: HICKMON, WILLIAM
Address: 684 SOUTHLAND LANE Address: 785 OAK LEAF PLANTATION PARKWAY UNIT 321

City-St-Zip: ORANGE PARK, FL 32065 City-St-Zip: ORANGE PARK, FL 32065

Title: D () Delete Title: O (X) Change () Addition

 Name:
 LEE, RAYMOND
 Name:
 LEE, RAYMOND

 Address:
 P. O. BOX 1371
 Address:
 P. O. BOX 1371

City-St-Zip: ORANGE PARK, FL 32655 City-St-Zip: ORANGE PARK, FL 32655

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: LA SHAY S. HICKMON DIRE 03/31/2009

Electronic Signature of Signing Officer or Director

Date