2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N08000002265

Entity Name: WILLIE ANDERSON FOUNDATION, INC.

Current Principal Place of Business:

10235 W SAMPLE ROAD
SUITE 205
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

10235 W SAMPLE ROAD
SUITE 205
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 26-2222450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BACHELOR, INGRID
10235 W SAMPLE ROAD
SUITE 205
CORAL SPRINGS, FL 33065 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: ANDERSON, WILLIE
Address: 5528 CHAMBLEE DUNWOODY RD SUITE 179
City-St-Zip: DUNWOODY, FL 30338

Title: D ( ) Delete
Name: ODOM, DERICK
Address: 2978 VIERO COURT
City-St-Zip: LAURENCEVILLE, GA 30044

Title: D ( ) Delete
Name: BACHELOR, INGRID
Address: 10235 WEST SAMPLE ROAD, SUITE 205
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete
Name: STEELE, MARY
Address: 1330 SNOW ROAD SOUTH
City-St-Zip: MOBILE, AL 36695

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:

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: INGRID BACHELOR D 01/06/2009
Electronic Signature of Signing Officer or Director — Date