2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# N08000003186

Entity Name: LARRY BRAY MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

3711 INVERNESS WAY
MARTINEZ, GA 30907

New Principal Place of Business:

Current Mailing Address:

3711 INVERNESS WAY
MARTINEZ, GA 30907

New Mailing Address:

FEI Number: 06-1835614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCMENAMY, WILLIAM B
50 NORTH LAURA STREET
SUITE 2925
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: D ( ) Delete
Name: BRAY, DONALD C
Address: 3711 INVERNESS WAY
City-St-Zip: MARTINEZ, GA 30907

Title: D ( ) Delete
Name: BRAY, CHRISTOPHER D
Address: 1013 BANKTON CIRCLE
City-St-Zip: CHARLESTON, SC 29406

Title: D ( ) Delete
Name: BRAY, JOEL S
Address: 549 PRINCE AVENUE
City-St-Zip: SWAINSBORO, GA 30401

Title: D ( ) Delete
Name: BRAY, MARSHALL T
Address: 776 MILLSTREAM ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BRAY, CHRISTOPHER D
Address: 816 WHISPERING MARSH DRIVE
City-St-Zip: CHARLESTON, SC 29412

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: DONALD C. BRAY PRES 01/15/2009

Electronic Signature of Signing Officer or Director — Date