

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005137

FILED
Jun 18, 2009
Secretary of State

Entity Name: FOLLINS-HENRY INC

Current Principal Place of Business:

4537 CLAM SHELL DR.
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

4537 CLAM SHELL DR.
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 26-2760956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EVERETT, CARMELITA
4537 CLAM SHELL DR.
JACKSONVILLE, FL 32218 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: P () Delete
Name: EVERETT, CARMELITA
Address: 4537 CLAM SHELL DR.
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: S,T () Delete
Name: JOHNSON, JULIALEEANNA
Address: 8291 OLD KINGS RD. S., APT#8
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: D () Delete
Name: PENDER, ERNESTCO
Address: 2021 BROADWAY AVE
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: D () Delete
Name: MCCOLLORS, DONNIE
Address: 2434 VERNON ST
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: D () Delete
Name: HENRY, WESLEY
Address: 6552 PERRY ST
City-St-Zip: JACKSONVILLE, FL 32208 US

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: CARMELITA EVERETT

P

06/18/2009

Electronic Signature of Signing Officer or Director

Date