2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N08000005348

Entity Name: SNODGRASS FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1301 RIVERPLACE BOULEVARD
SUITE 1500
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 840072
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 26-2741601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CURLEY, CHARLES R JR.
1301 RIVERPLACE BOULEVARD
SUITE 1500
JACKSONVILLE, FL 32207 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition
Name: SNODGRASS, GARY
Address: 712 OCEAN PALM WAY
City-St-Zip: ST AUGUSTINE, FL 32080

Title: SECY ( ) Change (X) Addition
Name: SNODGRASS, PATSY T
Address: 712 OCEAN PALM WAY
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VP ( ) Change (X) Addition
Name: SNODGRASS, PATRICK
Address: 258 FIDDLERS POINT DRIVE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: TREA ( ) Change (X) Addition
Name: SNODGRASS, AMY B
Address: 258 FIDDLERS POINT DRIVE
City-St-Zip: ST AUGUSTINE, FL 32080

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: GARY SNODGRASS PRES 03/17/2009

Electronic Signature of Signing Officer or Director — Date