2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# N08000005483

Entity Name: TOD INTERNATIONAL FOUNDATION INC.

Current Principal Place of Business:

1807 3RD STREET
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

PO BOX 645
WINTER HAVEN, FL 338820645

New Mailing Address:

FEI Number: 26-2661244 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

MCKINZIE, ERVIN
730 AVENUE B SW
WINTER HAVEN, FL 33880 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: PD ( ) Delete
Name: MCKINZIE, ERVIN SR
Address: 730 AVENUE B SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD ( ) Delete
Name: MCKINZIE, LENORA
Address: 730 AVENUE B SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: S ( ) Delete
Name: MCKINNEY, LORNA
Address: 2010 5TH STREET NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: T ( ) Delete
Name: MCKINNEY, LEROY
Address: 5010 5TH STREET NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete
Name: GRAHAM, STEPHANIE
Address: 3113 BUCKEYE POINT DR
City-St-Zip: WINTER HAVEN, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: MCKINNEY, LORNA
Address: 9820 50TH STREET CIR E
City-St-Zip: PARRISH, FL 34219

Title: T (X) Change ( ) Addition
Name: MCKINNEY, LEROY
Address: 9820 50TH STREET CIR E
City-St-Zip: PARRISH, FL 34219

Title: D (X) Change ( ) Addition
Name: GRAHAM, STEPHANIE
Address: 1159 FAIRFAX STREET
City-St-Zip: WINTER HAVEN, FL 33881

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: ERVIN MCKINZIE SR 05/05/2009

Electronic Signature of Signing Officer or Director — Date