

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008490

FILED  
Sep 25, 2009  
Secretary of State

Entity Name: CHRISTAL REYNOLDS FOUNDATION, INC.

**Current Principal Place of Business:**

1037 AXLEWOOD CIRCLE  
BRANDON,, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

1037 AXLEWOOD CIRCLE  
BRANDON,, FL 33511

**New Mailing Address:**

FEI Number: 26-3260727      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:**

REYNOLDS, GLENDEL T  
1037 AXLEWOOD CIRCLE  
BRANDON, FL 33511      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: DCEO      ( ) Delete  
Name: REYNOLDS, GLENDEL T  
Address: 1037 AXLEWOOD CIRCLE  
City-St-Zip: BRANDON, FL 33511

Title: DVP      ( ) Delete  
Name: KIRKMAN, CHRISTINE  
Address: 1211 HEIDI LANE SOUTH  
City-St-Zip: LAKELAND, FL 33813

Title: DSEC      ( ) Delete  
Name: DEROSA, LOIS J  
Address: 1435 PICCADILLY PLACE  
City-St-Zip: LAKELAND, FL 33803 US

Title: DP      ( ) Delete  
Name: REYNOLDS, MARK L  
Address: 424 OLDFIELD RD.  
City-St-Zip: CRESTLINE, OH 44827 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:

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: GLENDEL TODD REYNOLDS

Electronic Signature of Signing Officer or Director

DCEO

09/25/2009

\_\_\_\_\_ Date