

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008762

FILED
Feb 09, 2009
Secretary of State

Entity Name: TEENA WILLARD CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

3550 N. GOLDENROD RD
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

3550 N. GOLDENROD RD
WINTER PARK, FL 32792

New Mailing Address:

3550 N. GOLDENROD ROAD
WINTER PARK, FL 32792

FEI Number: 30-0505729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOLONEY, ED DR
3550 N. GOLDENROD RD
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

WRIGHT, ROBERT E DR
3550 N. GOLDENROD RD
WINTER PARK, FL 32792 US

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: ROBERT E. WRIGHT

02/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WRIGHT, BOB DR
Address: 8349 AMBER OAK DR.
City-St-Zip: ORLANDO, FL 32817

Title: DPTS () Delete
Name: MOLONEY, ED
Address: 19762 GLEN ELM WAY
City-St-Zip: ORLANDO, FL 32833

Title: VP (X) Delete
Name: MOLONEY, ED
Address: 19762 GLEN ELM WAY
City-St-Zip: ORLANDO, FL 32833

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WRIGHT, BOB DR
Address: 3550 N. GOLDENROD ROAD
City-St-Zip: WINTER PARK, FL 32792

Title: DTS (X) Change () Addition
Name: BEARD, KYLENE A
Address: 3550 N. GOLDENROD ROAD
City-St-Zip: WINTER PARK, FL 32792

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: ROBERT E. WRIGHT

P

02/09/2009

Electronic Signature of Signing Officer or Director

Date