

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009440

FILED  
Apr 02, 2009  
Secretary of State

**Entity Name:** GRACEVILLE EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

5539 BROWN STREET  
GRACEVILLE, FL 32440

**New Principal Place of Business:**

**Current Mailing Address:**

5539 BROWN STREET  
GRACEVILLE, FL 32440

**New Mailing Address:**

**FEI Number:** 26-3524587

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRANKLIN, CHRIS  
5539 BROWN STREET  
GRACEVILLE, FL 32440 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: ARMSTRONG, BENJAMIN S  
Address: 418 ETON DRIVE  
City-St-Zip: DOTHAN, AL 36305

Title: VP ( ) Delete  
Name: MIXSON, BYRON  
Address: 5959 HIGHWAY 77  
City-St-Zip: GRACEVILLE, FL 32440

Title: SEC ( ) Delete  
Name: BURDESHAW, JULIE  
Address: 5539 BROWN STREET  
City-St-Zip: GRACEVILLE, FL 32440

Title: TR ( ) Delete  
Name: SMITH, CAROL  
Address: 1255 SANDERS AVENUE  
City-St-Zip: GRACEVILLE, FL 32440

**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: BENJAMIN S ARMSTRONG

P

04/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date