

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010664

FILED
Apr 10, 2009
Secretary of State

Entity Name: THE KENNARD FAMILY FOUNDATION, INC.

Current Principal Place of Business:

3225 SOUTHSIDE BLVD STE 2
JACKSONVILLE, FL 32216

New Principal Place of Business:

3225 SOUTHSIDE BLVD STE 2
JACKSONVILLE, FL 32216 US

Current Mailing Address:

3225 SOUTHSIDE BLVD STE 2
JACKSONVILLE, FL 32216

New Mailing Address:

PO BOX 17156
JACKSONVILLE, FL 322457156 US

FEI Number: 26-3796931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENNISON, ELIZABETH K
3225 SOUTHSIDE BLVD STE 2
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

JENNISON, CAROLINE K T
7950 JAMES ISLAND TRAIL
JACKSONVILLE, FL 32256 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: CAROLINE K. JENNISON

04/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: JENNISON, ELIZABETH K
Address: 7950 JAMES ISLAND TRAIL
City-St-Zip: JACKSONVILLE, FL 32256

Title: T () Delete
Name: JENNISON, WESLEY J
Address: 7950 JAMES ISLAND TRAIL
City-St-Zip: JACKSONVILLE, FL 32256

Title: T () Delete
Name: JENNISON, CAROLINE K
Address: 7950 JAMES ISLAND TRAIL
City-St-Zip: JACKSONVILLE, FL 32256

Title: T () Delete
Name: JENNISON, ELIZABETH S
Address: 7950 JAMES ISLAND TRAIL
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: JENNISON, ELIZABETH K
Address: 3225 SOUTHSIDE BLVD, SUITE #2
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: T (X) Change () Addition
Name: JENNISON, WESLEY J
Address: 7950 JAMES ISLAND TRAIL
City-St-Zip: JACKSONVILLE, FL 32256 US

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: CAROLINE K. JENNISON

T

04/10/2009

Electronic Signature of Signing Officer or Director

Date