2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011372

FILED May 15, 2009 Secretary of State

Entity Name: THE DRAYTON FLORENCE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1320 FORESTEDGE BLVD. OLDSMAR, FL 34677 **Current Mailing Address: New Mailing Address:** 1320 FORESTEDGE BLVD OLDSMAR, FL 34677 FEI Number: 94-3458556 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: Name and Address of New Registered Agent: WILLYOUNG, ELIZABETH K WILLYOUNG, ELIZABETH K 1320 FORESTEDGE BLVD. 1320 FORESTEDGE BLVD. OLDSMAR, FL, FL 34677 OLDSMAR, FL 34677 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: ELIZABETH WILLYOUNG 05/15/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FLORENCE, DRAYTON JR. Name: Name: Address: 5363 HALA COURT Address: City-St-Zip: JACKSONVILLE, FL 32224 US City-St-Zip: Title: () Delete Title: () Change () Addition GRIFFIN, GARY Name: Name: Address: 9355 ATLANTIC BLVD. Address: City-St-Zip: JACKSONVILLE, FL 32225 US City-St-Zip: Title: () Delete Title: () Change () Addition THOMAS, ANTHONY D Name: Name: 123 W. JENNINGS ST., APT. 2 Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: HANLEY, BRIAN J Name: 11400 S. W. 67TH TERRACE Address: Address: City-St-Zip: OCALA, FL 34476 US City-St-Zip: Title: Title: () Delete () Change () Addition JONES, TIFFANY R Name: Name: 5363 HALA COURT Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 US 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: ELIZABETH WILLYOUNG ED 05/15/2009