2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N08000011433

Entity Name: HENDRICKS DAY SCHOOL FOUNDATION, INC.

Current Principal Place of Business:

1824 DEAN ROAD
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

1824 DEAN ROAD
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 26-4045215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ATKINS, CHARLES R
4940 EMERSON STREET STE 100
JACKSONVILLE, FL 322074970 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: D ( ) Delete
Name: FELKER, PAUL
Address: 1824 DEAN ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete
Name: SLAPPEY, BRADFORD A
Address: 111 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: LANE, DAVID R
Address: 10739 DEERWOOD PARK BLVD
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: ATKINS, CHARLES R
Address: 4940 EMERSON STREET STE 100
City-St-Zip: JACKSONVILLE, FL 322074970

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: MELISA WALKER MRS. 03/26/2009

Electronic Signature of Signing Officer or Director — Date