

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000027

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: JAMES WEBB FOUNDATION, INC.

**Current Principal Place of Business:**

1241 CONFERENCE RD.  
CANTONMENT, FL 32533

**New Principal Place of Business:**

**Current Mailing Address:**

1241 CONFERENCE RD.  
CANTONMENT, FL 32533

**New Mailing Address:**

FEI Number: 26-4061219

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NEUFELD, JO MARILYN  
1241 CONFERENCE RD.  
CANTONMENT, FL 32533 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: WEBB, JOHN F JR.  
Address: 4369 E. ROSEMONTE DR.  
City-St-Zip: PHOENIX, AZ 85050

Title: D ( ) Delete  
Name: NEUFELD, JO MARILYN  
Address: 1241 CONFERENCE RD.  
City-St-Zip: CANTONMENT, FL 32533

Title: D ( ) Delete  
Name: MONROE, DOUG  
Address: 24080 JD WATERS LANE  
City-St-Zip: ROBERTSDALE, AL 36567

Title: D ( ) Delete  
Name: WEBB, MEGAN  
Address: 4369 E. ROSEMONTE DR.  
City-St-Zip: PHOENIX, AZ 85050

Title: D ( ) Delete  
Name: LISTER, JANET  
Address: 6009 Nanci DR.  
City-St-Zip: WATAUGA, TX 76148

**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:

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: JO MARILYN NEUFELD

D

04/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date