

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000793

FILED  
Apr 20, 2010  
Secretary of State

**Entity Name:** THE JUDY NICHOLSON FOUNDATION, INC.

**Current Principal Place of Business:**

1010TH STREET #54  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

**Current Mailing Address:**

1010TH STREET #54  
ATLANTIC BEACH, FL 32233

**New Mailing Address:**

P.O. BOX 50127  
JACKSONVILLE BEACH, FL 32240

**FEI Number:** 26-4151307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMMONS, SIDNEY S PL  
1050 RIVERSIDE AVE  
JACKSONVILLE, FL 32204 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:** MR  
**Name:** NICHOLSON, WILLARD B JR  
**Address:** 10 10TH STREET #54  
**City-St-Zip:** ATLANTIC BEACH, FL 32233

**Title:** MRS.  
**Name:** NICHOLSON, ADINE R  
**Address:** 8 SAN JUAN CIRCLE  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

**Title:** MRS  
**Name:** DEVAULT, SHELLEY N  
**Address:** 2235 OCEANFOREST DR.W.  
**City-St-Zip:** ATLANTIC BEACH, FL 32233

I hereby 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 all other like empowered.

**SIGNATURE:** ADINE R. NICHOLSON

MRS.

04/20/2010

Electronic Signature of Signing Officer or Director

Date