

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002872

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** MARGARET BYRD JONES FOUNDATION INC

**Current Principal Place of Business:**

7508 BEAR CLAW RUN  
ORLANDO, FL 32825

**New Principal Place of Business:**

**Current Mailing Address:**

7508 BEAR CLAW RUN  
ORLANDO, FL 32825

**New Mailing Address:**

**FEI Number:** 26-4524573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LONGMIRE, LESLIE  
7508 BEAR CLAW RUN  
ORLANDO, FL 32825 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: P  
Name: LONGMIRE, LESLIE  
Address: 7508 BEAR CLAW RUN  
City-St-Zip: ORLANDO, FL 32825

Title: S  
Name: JONES, MARGARET  
Address: 273 MARTIN ROAD  
City-St-Zip: MONTICELLO, FL 32344

Title: T  
Name: LANDERS, LISA  
Address: 3419 HIGH HAMPTON CIRCLE  
City-St-Zip: TAMPA, FL 33610

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: LESLIE A. LONGMIRE

ED

01/06/2010

Electronic Signature of Signing Officer or Director

Date