

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005914

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** WHAT'S MY NAME, INC

**Current Principal Place of Business:**

194 MARISCO WAY  
JACKSONVILLE, FL 32220

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 40902  
JACKSONVILLE, FL 32203

**New Mailing Address:**

194 MARISCO WAY  
JACKSONVILLE, FL 32220

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMAS, INGRID D  
194 MARISCO WAY  
JACKSONVILLE, FL 32220 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: CVO  
Name: BOWMAN, INGRID D  
Address: 194 MARISCO WAY  
City-St-Zip: JACKSONVILLE, FL 32220

Title: EVP  
Name: DURHAM, TENESHIA  
Address: 194 MARISCO WAY  
City-St-Zip: JACKSONVILLE, FL 32220

Title: VP  
Name: CLAYTON, TESSA  
Address: 194 MARISCO WAY  
City-St-Zip: JACKSONVILLE, FL 32220

Title: VP  
Name: LOUDER, ALAN D  
Address: 2752 HERSCHEL STREET UNIT 1  
City-St-Zip: JACKSONVILLE, FL 32204

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:** INGRID D BOWMAN

CVO

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date