

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011681

FILED
Feb 07, 2011
Secretary of State

Entity Name: THE ALLISON BRUNDICK HARAMIS FOUNDATION, INC.

Current Principal Place of Business:

4153 ROMA BLVD
JACKSONVILLE, FL 32210

New Principal Place of Business:

5513 ROOSEVELT BOULEVARD
JACKSONVILLE, FL 32244

Current Mailing Address:

4153 ROMA BLVD
JACKSONVILLE, FL 32210

New Mailing Address:

PO BOX 126
JACKSONVILLE, FL 32244

FEI Number: 27-4599048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARAMIS, DREW
4153 ROMA BLVD
JACKSONVILLE, FL 32210 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: PD
Name: HARAMIS, DREW
Address: 4153 ROMA BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD
Name: WILLETTS, MARY LEE
Address: 3810 ORTEGA BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: VPD
Name: OATES, PAM
Address: 4650 APACHE AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: VPD
Name: WHITE, SANDI
Address: 4237 DAVINCI AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD
Name: HORN, CAMILE
Address: 5527 CAPRI ROAD
City-St-Zip: JACKSONVILLE, FL 32244

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: DREW HARAMIS

PD

02/07/2011

Electronic Signature of Signing Officer or Director

Date