

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12771

FILED
Apr 06, 2005
Secretary of State

Entity Name: JENKINS FAMILY FOUNDATION, INC.

Current Principal Place of Business:

%WILLIAM A. WALKER II
250 PARK AVENUE SOUTH, SIXTH FLOOR
WINTER PARK, FL 32789

New Principal Place of Business:

%WILLIAM A. WALKER II
250 PARK AVENUE SOUTH, FIFTH FLOOR
WINTER PARK, FL 32789

Current Mailing Address:

%WILLIAM A. WALKER II
PO BOX 880
WINTER PARK, FL 327900880 US

New Mailing Address:

FEI Number: 59-2642034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, WILLIAM A., II
250 PARK AVENUE SOUTH
FIFTH FLOOR
WINTER PARK, FL 32789 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 () Delete
Name: JENKINS, W. GRIFF,
Address: 4650 E. LAKE DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD () Delete
Name: WALKER, WILLIAM A., II
Address: 2171 GLENCOE ROAD
City-St-Zip: WINTER PARK, FL 327896034

Title: TD () Delete
Name: CLEMENT, ANN JENKINS,
Address: 2302 LEU RD
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TDVP (X) Change () Addition
Name: CLEMENT, ANN JENKINS,
Address: 2302 LEU RD
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM A. WALKER II

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04/06/2005

Electronic Signature of Signing Officer or Director

Date