

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18434

FILED
Jan 05, 2009
Secretary of State

Entity Name: THOMAS T. PHILLIPS, JR., FOUNDATION, INC.

Current Principal Place of Business:

% MARK SHORSTEIN
8265 BAYBERRY ROAD
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

% MARK SHORSTEIN
8265 BAYBERRY ROAD
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-2748614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHORSTEIN, MARK
8265 BAYBERRY ROAD
JACKSONVILLE, FL 32256 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: SHORSTEIN, MARK,
Address: 8265 BAYBERRY ROAD
City-St-Zip: JACKSONVILLE, FL

Title: DS () Delete
Name: BROOKS, RUBY,
Address: 8265 BAYBERRY ROAD
City-St-Zip: JACKSONVILLE, FL

Title: TD () Delete
Name: SHORSTEIN, JACK,
Address: 8265 BAYBERRY ROAD
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: HEAVENER, CHRISTIE,
Address: 8265 BAYBERRY ROAD
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARK SHORSTEIN

PD

01/05/2009

Electronic Signature of Signing Officer or Director

Date