2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N22110

Entity Name: BILLIE J. MINOR FOUNDATION, INC.

Current Principal Place of Business:

P. O. BOX 15699
W. PALM BCH., FL 33416 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 15699
W. PALM BCH., FL 33416 US

New Mailing Address:

FEI Number: 65-0069048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINOR, WILLIAM H JR
4196 FOX TRACE
BOYNTON BEACH, FL 33436 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:	PCD	( ) Delete
Name:	MINOR, WILLIAM H JR	
Address:	4196 FOX TRACE	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	D	( ) Delete
Name:	HARRIS, J. RICHARD	
Address:	450 ROYAL PALM WAY	
City-St-Zip:	PALM BEACH, FL	
Title:	D	( ) Delete
Name:	MINOR, DERRICK P	
Address:	1701 MANGO CIRCLE	
City-St-Zip:	LAKE CLARKE SHORES, FL	
Title:	DS	( ) Delete
Name:	MINOR, KATHLEEN J	
Address:	4196 FOX TRACE	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	D	( ) Delete
Name:	BRIGHT, SHANNON M	
Address:	1701 MANGO CIRCLE	
City-St-Zip:	LAKE CLARKE SHORES, FL	
Title:	D	( ) Delete
Name:	MINOR, WILLIAM H III	
Address:	1701 MANGO CIRCLE	
City-St-Zip:	LAKE CLARKE SHORES, 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:	
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: W H MINOR PRES 04/28/2008

Electronic Signature of Signing Officer or Director — Date