

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26638

FILED
Feb 18, 2009
Secretary of State

Entity Name: MARGARET & GEORGE HELOW FAMILY FOUNDATION, INC.

Current Principal Place of Business:

%JOSEPH P. HELOW
8118 SUMMIT RIDGE LANE
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

%JOSEPH P. HELOW
8118 SUMMIT RIDGE LANE
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-2904267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELOW, JOSEPH P.
8118 SUMMIT RIDGE LANE
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: D () Delete
Name: HELOW, GEORGE A.
Address: 8118 SUMMIT RIDGE LANE
City-St-Zip: JACKSONVILLE, FL

Title: PD () Delete
Name: HELOW, JOSEPH P.
Address: 8228 SHADY GROVE RD
City-St-Zip: JACKSONVILLE, FL

Title: STD () Delete
Name: HELOW, MARGARET O.
Address: 8118 SUMMIT RIDGE LANE
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: PARKER, DIANE M.
Address: 8143 MIDDLE FORK LANE
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: PRITCHARD, MARY HELOW
Address: 8184 SABAL OAK WAY
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: DARLING, ANNE HELOW
Address: 1119 MAR DEL PLATA STREET
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
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Address:
City-St-Zip:

Title: () Change () Addition
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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: JOSEPH P. HELOW

PRES

02/18/2009

Electronic Signature of Signing Officer or Director

Date