

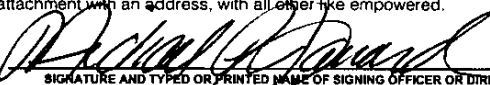


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 10, 2008 8:00 am**  
**Secretary of State**

06-10-2008 90002 012 \*\*\*\*61.25

<b>DOCUMENT # N26878</b> 1. Entity Name <b>WENDELL N. JARRARD FOUNDATION, INC.</b>					
Principal Place of Business <b>C/O MICHAEL P. JARRARD 793 FOXHOUND DR PORT ORNAGE, FL 32124 US</b>			Mailing Address <b>C/O MICHAEL P. JARRARD 793 FOXHOUND DR PORT ORANGE, FL 32124 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>10100133</b>  	
City & State		City & State		4. FEI Number <b>59-2919973</b>	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>JARRARD, MICHAEL P. 793 FOXHOUND DRIVE PORT ORANGE, FL 32124</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TOOMEY, CARLENE J</b> <b>130 OAK KNOLL</b> <b>FAYETTEVILLE, GA 302144350</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Wendell Jarrard, Jr.</b> <b>P. O. Box 2121, DeLand, FL 32721</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MASTER, JOSEPH</b> <b>145 E. RICH AVE.</b> <b>DELAND, FL 32724</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Lonnie Coggins</b> <b>740 Eastover Circle</b> <b>DeLand, FL 32724</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>DAWSON, MARIE</b> <b>743 EASTOVER CIR</b> <b>DELAND, FL 32724</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PC</b> <b>JARRARD, MICHAEL P</b> <b>793 FOXHOUND DR</b> <b>PORT ORANGE, FL 32124</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>COGGINS, CATHERINE</b> <b>701 N KANSAS AVE</b> <b>DELAND, FL 32724</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCNEIL, LINDA J.</b> <b>3689 RUSTIC LAKE</b> <b>JACKSONVILLE, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			May 13, 2008		386 679-9394
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>