

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26878

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: WENDELL N. JARRARD FOUNDATION, INC.

## Current Principal Place of Business:

C/O MICHAEL P. JARRARD  
793 FOXHOUND DR  
PORT ORNAGE, FL 32124 US

## New Principal Place of Business:

C/O MICHAEL P. JARRARD  
793 FOXHOUND DR  
PORT ORANGE, FL 32124 US

## Current Mailing Address:

C/O MICHAEL P. JARRARD  
793 FOXHOUND DR  
PORT ORANGE, FL 32124 US

## New Mailing Address:

FEI Number: 59-2919973      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JARRARD, MICHAEL P.  
793 FOXHOUND DRIVE  
PORT ORANGE, FL 32124 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: TOOMEY, CARLENE J  
Address: 130 OAK KNOLL  
City-St-Zip: FAYETTEVILLE, GA 302144350

Title: TD ( ) Delete  
Name: MASTER, JOSEPH  
Address: 145 E. RICH AVE  
City-St-Zip: DELAND, FL 32724

Title: DS ( ) Delete  
Name: DAWSON, MARIE  
Address: 743 EASTOVER CIR  
City-St-Zip: DELAND, FL 32724

Title: PC ( ) Delete  
Name: JARRARD, MICHAEL P  
Address: 793 FOXHOUND DR  
City-St-Zip: PORT ORANGE, FL 32124

Title: VD ( ) Delete  
Name: COGGINS, CATHERINE  
Address: 701 N KANSAS AVE  
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete  
Name: MCNEIL, LINDA J.  
Address: 3689 RUSTIC LAKE  
City-St-Zip: JACKSONVILLE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition  
Name: COGGINS, LONIE  
Address: 740 EASTOVER CIRCLE  
City-St-Zip: DELAND, FL 32724

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: MICHAEL P. JARRARD

PC

03/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date