2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26878

FILED Jan 07, 2010 Secretary of State

Entity Name: WENDELL N. JARRARD FOUNDATION, INC.

US

Current Principal Place of Business: New Principal Place of Business:

C/O MICHAEL P. JARRARD 793 FOXHOUND DR

PORT ORANGE, FL 32124 US

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JARRARD, MICHAEL P. 793 FOXHOUND DRIVE PORT ORANGE, FL 32124

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: [

Name: TOOMEY, CARLENE J Address: 130 OAK KNOLL

City-St-Zip: FAYETTEVILLE, GA 302144350 US

Title: TD

Name: COGGINS, LONNIE
Address: 740 EASTOVER CIRCLE
City-St-Zip: DELAND, FL 32724 US

Title: DS

Name: DAWSON, MARIE
Address: 743 EASTOVER CIR
City-St-Zip: DELAND, FL 32724 US

Title: PC

Name: JARRARD, MICHAEL P Address: 793 FOXHOUND DR

City-St-Zip: PORT ORANGE, FL 32124 US

Title: VD

Name: COGGINS, CATHERINE Address: 701 N KANSAS AVE City-St-Zip: DELAND, FL 32724 US

Title: [

Name: MCNEIL, LINDA J Address: 3689 RUSTIC LAKE

City-St-Zip: JACKSONVILLE, FL 32217 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL P JARRARD PC 01/07/2010