

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26878

FILED
Mar 28, 2012
Secretary of State

Entity Name: WENDELL N. JARRARD FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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
Name: TOOMEY, CARLENE J
Address: 130 OAK KNOLL
City-St-Zip: FAYETTEVILLE, GA 302144350 US

Title: STD
Name: COGGINS, LONNIE S
Address: 2217 MATTHEWS TWP. PKWY, STE. D224
City-St-Zip: MATTHEWS, NC 28105 US

Title: D
Name: CROTTY, KATHLEEN L
Address: 1825 BUSINESS PARK BLVD., STE. A
City-St-Zip: DAYTONA BEACH, FL 32114 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: D
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

PRES

03/28/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date