2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# N28579

Entity Name: THE COMMUNITY FOUNDATION, INC.

Current Principal Place of Business:

121 W FORSYTH ST STE #900
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

121 W FORSYTH ST STE #900
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-6150746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATERS, NINA M PRES
11828 TANYA TER. E
JACKSONVILLE, FL 32223 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: P ( ) Delete
Name: WATERS, NINA M PRES
Address: 121 W FORSYTH ST # 900
City-St-Zip: JACKSONVILLE, FL 32202

Title: S ( ) Delete
Name: SACERDOTE, GRACE M VP FIN
Address: 121 W FORSYTH ST # 900
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP,D ( ) Delete
Name: SCHLESINGER, HARVEY E CHAIR
Address: 121 W FORSYTH ST # 900
City-St-Zip: JACKSONVILLE, FL 32202

Title: T,D ( ) Delete
Name: RICE, C DANIEL
Address: 121 W. FORSYTH ST # 900
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: SACERDOTE, GRACE M EXEC VP
Address: 121 W FORSYTH ST # 900
City-St-Zip: JACKSONVILLE, FL 32202

Title: S (X) Change ( ) Addition
Name: ZELL, JOHN VP
Address: 121 W FORSYTH ST # 900
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP (X) Change ( ) Addition
Name: RICE, C DANIEL CHAIR
Address: 121 W. FORSYTH ST # 900
City-St-Zip: JACKSONVILLE, FL 32202

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: GRACE SACERDOTE T 04/23/2008

Electronic Signature of Signing Officer or Director — Date