

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28579

FILED  
Jan 20, 2009  
Secretary of State

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

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: A.S. ( ) Change (X) Addition  
Name: RIDDICK, CHERYL VP  
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 M. SACERDOTE, CPA

EVP

01/20/2009

Electronic Signature of Signing Officer or Director

Date