2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28579

FILED Mar 15, 2012 Secretary of State

Entity Name: THE COMMUNITY FOUNDATION, INC.

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

245 RIVERSIDE AVE, STE 310 245 RIVERSIDE AVE. JACKSONVILLE, FL 32202

310

JACKSONVILLE, FL 32202

Current Mailing Address: New Mailing Address:

245 RIVERSIDE AVE, STE 310 245 RIVERSIDE AVE.

JACKSONVILLE, FL 32202

JACKSONVILLE, FL 32202

FEI Number: 59-6150746 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:

WATERS, NINA M PRES 11828 TANYA TER. E

JACKSONVILLE, FL 32223 US

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:

WATERS, NINA M PRES Name:

Address: 245 RIVERSIDE AVENUE, SUITE 310

City-St-Zip: JACKSONVILLE, FL 32202

Title:

Name: SACERDOTE, GRACE M EXEC VP Address: 245 RIVERSIDE AVENUE, SUITE 310

City-St-Zip: JACKSONVILLE, FL 32202

Title:

ZELL, JOHN VP Name:

245 RIVERSIDE AVENUE, SUITE 310 Address:

City-St-Zip: JACKSONVILLE, FL 32202

Title:

Name: PEREZ, PAUL CHAIR

245 RIVERSIDE AVENUE, SUITE 310 Address:

City-St-Zip: JACKSONVILLE, FL 32202

Title:

SHAW, KATHLEEN VP Name:

245 RIVERSIDE AVENUE, SUITE 310 Address:

JACKSONVILLE, FL 32202 City-St-Zip:

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: GRACE SACERDOTE **T/VP** 03/15/2012