2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# N30929

Entity Name: RUTH M. FOY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

2900-2 S. TAMIAMI TR
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

2900-2 S. TAMIAMI TR
SARASOTA, FL 34239 US

New Mailing Address:

FEI Number: 65-0102106 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DRABIK, ROBERT F.
2900 S TAMIAMI TRAIL
SARASOTA, FL 34239 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	( ) Delete
Name:	CUNNINGTON, WILLIAM E	
Address:	124 VINTAGE CT.	
City-St-Zip:	PAWLEYS ISLAND, SC 29585	
Title:	D	( ) Delete
Name:	COWLES, KENNETH C	
Address:	4312 BENT TREE BLVD	
City-St-Zip:	SARASOTA, FL 34241	
Title:	PD	( ) Delete
Name:	DRABIK, ROBERT F.	
Address:	1313 S. LAKE SHORE DR.	
City-St-Zip:	SARASOTA, FL	
Title:	D	( ) Delete
Name:	DRABIK, PATRICIA	
Address:	1313 S. LAKE SHORE DR.	
City-St-Zip:	SARASOTA, FL	
Title:	TD	( ) Delete
Name:	MENCHINGER, THOMAS	
Address:	4316 ARDALE	
City-St-Zip:	SARASOTA, FL	

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

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: THOMAS A. MENCHINGER DT 04/18/2009

Electronic Signature of Signing Officer or Director — Date