

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33963

FILED
Jan 21, 2009
Secretary of State

Entity Name: J. CARLISLE ROGERS, RUTH G. ROGERS & JAMES CARLISLE ROGERS, JR., FAMILY FOUNDATION, INC.

Current Principal Place of Business:

C/O WILLIAM CAUTHEN
215 NORTH JOANNA AVE
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

C/O WILLIAM CAUTHEN
215 NORTH JOANNA AVE
TAVARES, FL 32778

New Mailing Address:

FEI Number: 59-2969938 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CAUTHEN, WILLIAM
215 NORTH JOANNA AVE
TAVARES, FL 32778 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: VPST () Delete
Name: HEWITT, HOWARD H
Address: 3939 CR 48
City-St-Zip: OKAHUMPKA, FL 34762

Title: P () Delete
Name: CAUTHEN, WILLIAM H
Address: 215 N JOANNA AVE
City-St-Zip: TAVARES, FL 32778

Title: VP () Delete
Name: BRAUN, PHILLIP
Address: 600 E. DIXIE AVE
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPST (X) Change () Addition
Name: HEWITT, HOWARD H
Address: 3939 CR 48
City-St-Zip: OKAHUMPKA, FL 34762

Title: P (X) Change () Addition
Name: CAUTHEN, WILLIAM H
Address: 215 N JOANNA AVE
City-St-Zip: TAVARES, FL 32778

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: WILLIAM H. CAUTHEN

P

01/21/2009

Electronic Signature of Signing Officer or Director

Date