

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42897

FILED
Jan 16, 2008
Secretary of State

Entity Name: ANDERSON FAMILY FOUNDATION, INC.

Current Principal Place of Business:

871 NW GUERDON STREET
LAKE CITY, FL 320561829

New Principal Place of Business:

Current Mailing Address:

P O BOX 1829
LAKE CITY, FL 320561829 US

New Mailing Address:

FEI Number: 59-3060087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCRAE, CHRIS
1677 MAHAN CTR BLVD
TALLAHASSEE, FL 32308 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: DP () Delete
Name: ANDERSON, JOE H JR,
Address: HWY 349 N
City-St-Zip: OLD TOWN, FL

Title: DV () Delete
Name: ANDERSON, JOE H III,
Address: HWY 349 N
City-St-Zip: OLD TOWN, FL

Title: DST () Delete
Name: WALL, HARRIET A.,
Address: HWY 349 N
City-St-Zip: OLD TOWN, FL

Title: DV () Delete
Name: ANDERSON, MARION DOUGLAS
Address: HWY 349 N
City-St-Zip: OLD TOWN, FL

Title: DV () Delete
Name: MCRAE, TERRELL H
Address: 871 NW GUERDON STREET
City-St-Zip: LAKE CITY, FL 320561829 US

Title: D () Delete
Name: CHILDERS, CYNTHIA D ANDE
Address: HWY 349 N
City-St-Zip: OLD TOWN, 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:

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: BRIAN SCHREIBER

SD

01/16/2008

Electronic Signature of Signing Officer or Director

Date