2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2011
Secretary of State

DOCUMENT# N42897

Entity Name: ANDERSON FAMILY FOUNDATION, INC.

Current Principal Place of Business:

871 NW GUERDON STREET
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1829
LAKE CITY, FL 32056 US

New Mailing Address:

P.O. BOX 1829
LAKE CITY, FL 32055 US

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
871 NW GUERDON ST
LAKE CITY, FL 32055 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
Name: ANDERSON, JOE H JR
Address: HWY 349 N
City-St-Zip: OLD TOWN, FL 32055

Title: DV
Name: ANDERSON, JOE H III
Address: HWY 349 N
City-St-Zip: OLD TOWN, FL 32055

Title: DST
Name: WALL, HARRIET A.
Address: HWY 349 N
City-St-Zip: OLD TOWN, FL 32055

Title: DV
Name: ANDERSON, MARION DOUGLAS
Address: HWY 349 N
City-St-Zip: OLD TOWN, FL 32055

Title: DV
Name: MCRAE, TERRELL H
Address: 871 NW GUERDON STREET
City-St-Zip: LAKE CITY, FL 32055 US

Title: D
Name: CHILDERS, CYNTHIA D ANDE
Address: HWY 349 N
City-St-Zip: OLD TOWN, FL 32055

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: BRIAN P. SCHREIBER SECR 03/23/2011

Electronic Signature of Signing Officer or Director — Date