2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N46356

Entity Name: THE ALEXANDER W. DREYFOOS, JR. CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

501 S FLAGLER DRIVE
SUITE 303
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

10180 RIVERSIDE DRIVE
SUITE 5
PALM BEACH GARDENS, FL 33410 US

Current Mailing Address:

501 S FLAGLER DRIVE
SUITE 303
WEST PALM BEACH, FL 33401 US

New Mailing Address:

10180 RIVERSIDE DRIVE
SUITE 5
PALM BEACH GARDENS, FL 33410 US

FEI Number: 65-0331597 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE LLC
505 S FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 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: TDC ( ) Delete
Name: DREYFOOS, ALEXANDER W JR
Address: 501 S. FLAGLER DRIVE, STE. 303
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TDS ( ) Delete
Name: DREYFOOS, RENATE E
Address: 501 S. FLAGLER DRIVE, STE. 303
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TDP ( ) Delete
Name: MURRAY, DICKRON E
Address: 501 S. FLAGLER DRIVE, STE. 303
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TDC (X) Change ( ) Addition
Name: DREYFOOS, ALEXANDER W JR
Address: 10180 RIVERSIDE DRIVE, STE. 5
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TDS (X) Change ( ) Addition
Name: DREYFOOS, RENATE E
Address: 10180 RIVERSIDE DRIVE, STE. 5
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TDP (X) Change ( ) Addition
Name: MURRAY, DICKRON E
Address: 10180 RIVERSIDE DRIVE, STE. 5
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: DICKRON E MURRAY TDP 04/14/2009

Electronic Signature of Signing Officer or Director — Date