

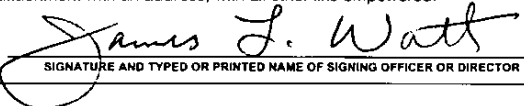


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

|  |  |  |  |   |  |  |   |
|--|--|--|--|---|--|--|---|
| <b>DOCUMENT # N49801</b><br>1. Entity Name<br><b>THE VAUGHN-JORDAN FOUNDATION, INC.</b>  |  |  |  |    |  | <b>FILED</b><br><b>07 APR 23 AM 10: 27</b><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |   |
| Principal Place of Business<br><b>C/O JAMES L. WATT - CALDWELL &amp; PACETTI</b><br><b>137 CROSS CENTER ROAD, # 244</b><br><b>DENVER, NC 28037-5009 US</b>   |  |  |  | Mailing Address<br><b>C/O JAMES L. WATT - CALDWELL &amp; PACETTI</b><br><b>137 CROSS CENTER ROAD, # 244</b><br><b>DENVER, NC 28037-5009 US</b>                          |  |  |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |  | <br>04122007 Chg-NP CR2E037 (12/06)   |  |  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |   |  |  |   |
| City & State   |  | City & State   |  |   |  |  |   |
| Zip  | Country  | Zip  | Country  |   |  |  |   |
| 6. Name and Address of Current Registered Agent<br><b>WATT, JAMES L.</b><br><b>CALDWELL &amp; PACETTI LLP</b><br><b>324 ROYAL PALM WAY SUITE 300</b><br><b>PALM BEACH, FL 33480-4352</b>   |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |  |   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |  |  |  |   |  |  |   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |  |  |   |  |  |   |
| <b>Amended AR is \$61.25</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  | <b>Make check payable to Florida Department of State</b>                                 |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>VAUGHN, CLARENCE R JR.</b><br><b>2150 MILLER CHAPEL ROAD</b><br><b>CONYERS, GA 300942004</b>    | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>VAUGHN, ALVIN H.</b><br><b>2146 MILLER CHAPEL ROAD SE</b><br><b>CONYERS, GA 30094</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>VAUGHN, JAMES A JR.</b><br><b>9340 BALADA STREET</b><br><b>CORAL GABLES, FL 33156</b>           | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>WATT, JAMES L ESQ</b><br><b>324 ROYAL PALM WAY SUITE 300</b><br><b>PALM BEACH, FL 334804352</b> | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>500101358095</b><br><b>05/03/07--01020--007 **61.25</b>  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>VAUGHN, C. ROLAND III</b><br><b>2145 MILLER CHAPEL ROAD</b><br><b>CONYERS, GA 300942004</b>     | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>VAUGHN, JAMES P DR.</b><br><b>3511 WIMBERLY LANE APT F</b><br><b>WINSTON SALEM, NC 27106</b>    | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |  |  |   |  |  |   |
| <b>SIGNATURE:</b>   |  |  |  | <b>JAMES L. WATT</b>  |  |  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |  |  | Date  |  | Daytime Phone #  |   |