

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000012

FILED
Apr 22, 2009
Secretary of State

Entity Name: STUBBS EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

1260 TIMBERLANE ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

1260 TIMBERLANE ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-3238098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUBBS, RONALD D
1260 TIMBERLANE ROAD
TALLAHASSEE, FL 32312 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: D () Delete
Name: CJ, MARSTON
Address: 3455 ROSEMONT RIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: BATTLE, EUGENIA
Address: 5845 DECLAIRE CT
City-St-Zip: ATLANTA, GA 30328

Title: D () Delete
Name: STUBBS, MARTHA H
Address: 1260 TIMBERLANE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: MONSON, CARL
Address: 2868 FIRZPATRICK DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: MITCHELL, CAROL H
Address: 357 MEADOW RIDGE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: STUBBS, RONALD D
Address: 909 TIMBERLANE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

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
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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: RONALD D STUBBS

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date