2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# N94000004805

Entity Name: THE JELKS FAMILY FOUNDATION, INC.

Current Principal Place of Business:

516 MCKENZIE AVENUE
PANAMA CITY, FL 324013158

New Principal Place of Business:

Current Mailing Address:

516 MCKENZIE AVENUE
PANAMA CITY, FL 324013158

New Mailing Address:

FEI Number: 59-3270436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JELKS, ALLEN N JR
3908 WEST 27TH STREET
PANAMA CITY, FL 32405 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:	JELKS, MARY L	
Address:	1930 CLEMATIS ST.	
City-St-Zip:	SARASOTA, FL 342393813	
Title:	D	( ) Delete
Name:	JELKS, ALLEN N SR	
Address:	1930 CLEMATIS ST.	
City-St-Zip:	SARASOTA, FL 342393813	
Title:	D	( ) Delete
Name:	KING, HELEN J	
Address:	1800 PLACIDA ROAD	
City-St-Zip:	ENGLEWOOD, FL 34223	
Title:	TD	( ) Delete
Name:	JELKS, ALLEN N JR	
Address:	516 MCKENZIE AVENUE	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	D	( ) Delete
Name:	JELKS, HOWARD L	
Address:	430 S.W. 27TH ST.	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	D	( ) Delete
Name:	LEZCANO, ALICE J	
Address:	1124 PEARSON RD	
City-St-Zip:	MILTON, FL 32583	

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:	PD	(X) Change ( ) Addition
Name:	JELKS, HOWARD L	
Address:	430 S.W. 27TH ST.	
City-St-Zip:	GAINESVILLE, FL 32607	
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: ALLEN N. JELKS, JR. TD 03/11/2009
Electronic Signature of Signing Officer or Director — Date