2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N94000005747

Entity Name: THE MCCURRY FOUNDATION, INC.

Current Principal Place of Business:

4417 BEACH BLVD
SUITE 200
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

11645 BEACH BLVD.
SUITE 200
JACKSONVILLE, FL 32246 US

New Mailing Address:

4417 BEACH BLVD
SUITE 200
JACKSONVILLE, FL 32207 US

FEI Number: 59-3287752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEFANSEN, PAMELA S
4417 BEACH BLVD. STE 200
JACKSONVILLE, FL 32207 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: PD ( ) Delete
Name: STEFANSEN, PAMELA S
Address: 4417 BEACH BLVD STE. 200
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPSD ( ) Delete
Name: BRADFORD, SHERYL P
Address: 4417 BEACH BLVD. STE. 200
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: CHARLES, ELLIOT
Address: 4417 BEACH BLVD. STE 200
City-St-Zip: JACKSONVILLE, FL 32207

Title: VDAS ( ) Delete
Name: LANEY, KELLY E
Address: 4417 BEACH BLVD STE. 200
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: POPE, RICHARD J
Address: 4417 BEACH BLVD. STE 200
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD ( ) Delete
Name: MCCURRY, EDGAR W III
Address: 4417 BEACH BLVD. STE. 200
City-St-Zip: JACKSONVILLE, FL 32207

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: ( ) 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: PAMELA S. STEFANSEN PRES 01/19/2009
Electronic Signature of Signing Officer or Director Date