2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N95000000874

Entity Name: EARL HUTTO FOUNDATION, INC.

Current Principal Place of Business:

3459 RIVER GARDENS CIRCLE
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

3459 RIVER GARDENS CIRCLE
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 59-3349072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUTTO, EARL D
3459 RIVER GARDENS CIRCLE
PENSACOLA, FL 32514 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:	TD	( ) Delete
Name:	JACKSON, RONALD E	
Address:	2300 BAVARIAN CT	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	D	( ) Delete
Name:	HUTTO, NANCY M	
Address:	3459 RIVER GARDENS CIRCLE	
City-St-Zip:	PENSACOLA, FL	
Title:	SD	( ) Delete
Name:	HUTTO, LORI K	
Address:	3002 RICHVIEW PARK CIR	
City-St-Zip:	TALLAHASSEE, FL	
Title:	D	( ) Delete
Name:	HUTTO STUBBLEFIELD, AMELIA	
Address:	2667 S HANNAN HILL DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	D	( ) Delete
Name:	STUBBLEFIELD, MARTIN	
Address:	2667 S HANNAN HILL DR	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	PD	( ) Delete
Name:	HUTTO, EARL D	
Address:	3459 RIVER GARDENS CIRCLE	
City-St-Zip:	PENSACOLA, FL 32514	

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: EARL D. HUTTO PD 01/17/2009
Electronic Signature of Signing Officer or Director — Date