

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002599

FILED
Apr 21, 2009
Secretary of State

Entity Name: JOHN REYNOLDS & ELEANOR B. ALLEN CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

2929 W. VILLA ROSA PARK
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

2929 W. VILLA ROSA PARK
TAMPA, FL 33611

New Mailing Address:

FEI Number: 59-3317122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, WILLIAM R
2929 W. VILLA ROSA PARK
TAMPA, FL 33611 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: ALLEN, REYNOLDS W
Address: 2929 W. VILLA ROSA PARK
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: ALLEN, JOHN R
Address: 2929 W. VILLA ROSA PARK
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: MCINTIRE, JESSICA
Address: 2929 W. VILLA ROSA PARK
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: BOLWINSKI, MERIDITH B
Address: P.O. BOX 1865
City-St-Zip: WAUCHULA, FL 33873

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:

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: W. REYNOLDS ALLEN

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date