

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003748

FILED
Apr 30, 2009
Secretary of State

Entity Name: AGNES SCOTT FOUNDATION, INC.

Current Principal Place of Business:

929 W PRAIRIE ST
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

929 W PRAIRIE ST
AVON PARK, FL 33825

New Mailing Address:

FEI Number: 59-3337042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANE, WILLIAM R JR
100 NORTH TAMPA ST.
STE 4100
TAMPA, FL 336023644 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: VILKAITIS, ANNA
Address: 929 W PRAIRIE ST
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: FYFE, WANDA
Address: 941 WEATHERSFIELD DR
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: CURTIS, SANDRA
Address: 1516 HUNTINGDON DR
City-St-Zip: GLENVIEW, IL 60025

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:

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: ANNA VILKAITIS

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date