

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005127

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** RED RIBBON CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

509 N. 14TH AVENUE  
PENSACOLA, FL 32501

**New Principal Place of Business:**

890 SOUTH F STREET  
PENSACOLA, FL 32502

**Current Mailing Address:**

PO BOX 430  
GULF BREEZE, FL 32562

**New Mailing Address:**

P.O. BOX 430  
GULF BREEZE, FL 32562 US

**FEI Number:** 59-3340081

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PANYKO, JOHN A  
200 S. TARRAGONA STREET  
PENSACOLA, FL 32502 US

**Name and Address of New Registered Agent:**

PANYKO, JOHN A  
323 E. ROMANA ST.  
PENSACOLA, FL 32502 US

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:

01/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LITTLE, GARY W  
Address: 1890 HILTON AVE.  
City-St-Zip: COLUMBUS, GA 31906

Title: D ( ) Delete  
Name: MEREDITH, MIMI G  
Address: 5513 CRESTWOOD DR.  
City-St-Zip: KNOXVILLE, TN 37914

Title: D ( ) Delete  
Name: LOUX, RAY E  
Address: 1615 E. JACKSON ST.  
City-St-Zip: PENSACOLA, FL 32501

**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: GARY W. LITTLE

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01/06/2009

Electronic Signature of Signing Officer or Director

Date