

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005901

FILED
Feb 06, 2012
Secretary of State

Entity Name: RODEHEAVER FOUNDATION, INC.

Current Principal Place of Business:

3400 CRILL AVENUE
SUITE 1
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

3400 CRILL AVENUE
SUITE 1
PALATKA, FL 32177

New Mailing Address:

FEI Number: 59-3354789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATES, CHARLES B
3400 CRILL AVENUE
SUITE 1
PALATKA, FL 32177 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
Name: MARTINEZ, DANIEL A
Address: 320 ROUND LAKE ROAD
City-St-Zip: PALATKA, FL 32177

Title: SECD
Name: HEDSTROM, EDWARD
Address: P O BOX 1317
City-St-Zip: PALATKA, FL 32178

Title: VPD
Name: CLAY, R.T. SR.
Address: PO BOX 98
City-St-Zip: GRANDIN, FL 321380098

Title: VPD
Name: SPENCE, CARLTON
Address: P O BOX 41064
City-St-Zip: JACKSONVILLE, FL 32203

Title: VPD
Name: COTHREN, BOBBY
Address: 3400 COUNTY ROAD 208
City-St-Zip: ST AUGUSTINE, FL 32092

Title: TD
Name: BATES, CHARLES B
Address: 3400 CRILL AVENUE, SUITE 1
City-St-Zip: PALATKA, FL 32177 US

I hereby 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 all other like empowered.

SIGNATURE: CHARLES B BATES

TD

02/06/2012

Electronic Signature of Signing Officer or Director

Date