

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001560

FILED
Apr 27, 2009
Secretary of State

Entity Name: THE C. FREDERICK AND AASE B. THOMPSON FOUNDATION, INC.

Current Principal Place of Business:

2831 NW 41ST STREET
STE D
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

2831 NW 41ST STREET
STE D
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-3380217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, C. FREDERICK
2831 NW 41 STREET
SUITE D
GAINESVILLE, FL 32606 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: THOMPSON, SCOTT C
Address: 2831 NW 41ST STREET STE D
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: THOMPSON, GRANT M
Address: 2831 NW 41ST STREET STE D
City-St-Zip: GAINESVILLE, FL 32606

Title: DT () Delete
Name: THOMPSON, AASE B.
Address: 2813 NW 41ST STREET STE D
City-St-Zip: GAINESVILLE, FL 32606

Title: DPS () Delete
Name: THOMPSON, C. FREDERICK
Address: 2831 NW 41ST STREET STE D
City-St-Zip: GAINESVILLE, FL 32606

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: C. FREDERICK THOMPSON

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date