2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2009
Secretary of State

DOCUMENT# N96000006564

Entity Name: THE PERRY FAMILY FOUNDATION, INC.

Current Principal Place of Business:

33 GULF BREEZE DRIVE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

33 GULF BREEZE DRIVE
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3429042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERRY, JAMES T JR
33 GULF BREEZE DRIVE
SANTA ROSA BEACH, FL 32459 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:	TPD	( ) Delete
Name:	PERRY, JAMES T JR	
Address:	33 GULF BREEZE DRIVE	
City-St-Zip:	SANTA ROSA BEACH, FL	
Title:	SD	( ) Delete
Name:	PERRY, JAMES T	
Address:	312 E TENNYSON ST	
City-St-Zip:	TECUMSEH, OK	
Title:	D	( ) Delete
Name:	CONNOLLY, JOSEPH J	
Address:	1515 MARKET ST 9TH FL	
City-St-Zip:	PHILADELPHIA, PA	
Title:	D	( ) Delete
Name:	PERRY-CROZE, MARIANNE	
Address:	33 GULF BREEZE DRIVE	
City-St-Zip:	SANTA ROSA BEACH, FL 32459 US	

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: JAMES T PERRY JR PRES 02/01/2009

Electronic Signature of Signing Officer or Director — Date