2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N97000002042

FILED Apr 09, 2008 Secretary of State

Entity Name: J.B. CASH FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

730 SE 28TH LANE HOMESTEAD, FL 33033

Current Mailing Address: New Mailing Address:

P.O. BOX 4556 PRINCETON, FL 33092

FEI Number: 65-0764220 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LYNN, SANDRA T 830 NORTH KROME AVENUE HOMESTEAD, FL 33090

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

LAWLER, GLORIA C Name: Name: 730 S.E. 28TH LANE Address: Address: City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip:

Title: DVST () Delete Title: **VPTD** (X) Change () Addition Name: LAWLER, ELWARD ROY III Name: LAWLER, ELWARD ROY III Address: 131 SHORT CREEK ROAD Address: 131 SHORT CREEK ROAD City-St-Zip: DECATUR, TE 37322 City-St-Zip: DECATUR, TE 37322

Title: () Delete Title: (X) Change () Addition LAWLER FLYNN, JANICE K NICHOLERIS, JANICE K Name: Name:

15804 S. W. 82 COURT Address: Address: 15804 S. W. 82 COURT City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33157

Title: (X) Delete Title: () Change () Addition

Name: LAWLER, ELWARD ROY III Name: Address: 131 SHORT CREEK ROAD Address: City-St-Zip: DECATUR, TE 37322 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: GLORIA C. LAWLER PD 04/09/2008