

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005078

Entity Name: YIELD FOUNDATION, INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

1023 N LIBERTY ST
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

1023 N LIBERTY ST
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-3466655 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALI, RAHMAN
1023 LIBERTY STREET
JACKSONVILLE, FL 32206 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 () Delete
Name: ALI, RAHMAN MR.
Address: 1023 N LIBERTY ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: CURRY, SHEILA MS.
Address: 1023 N. LIBERTY STREET
City-St-Zip: JACKSONVILLE, FL 32226

Title: T/D () Delete
Name: DAVIS, JOHN D MR.
Address: 4543 WESCONNETT BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D/S () Delete
Name: PETTIS, JEAN MS.
Address: 7009 WELLAND RD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: PASHA, NELRAE MRS.
Address: 1023 N LIBERTY ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: () Delete
Name:
Address:
City-St-Zip:

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: D (X) Change () Addition
Name: GRANT, ED'RON R
Address: 1023 N. LIBERTY ST.
City-St-Zip: JACKSONVILLE, FL 32206

Title: D (X) Change () Addition
Name: FARQUHARSON, DENNIS L
Address: 1023 N LIBERTY ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: V/P () Change (X) Addition
Name: PASHA, NELRAE M
Address: 1023 N. LIBERTY ST.
City-St-Zip: JACKSONVILLE, FL 32206

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: RAHMAN ALI

PREZ

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date