2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# N97000005078

Entity Name: YIELD FOUNDATION, INC.

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	( ) Delete
Name:	GRANT, ED'RON R	
Address:	1023 N.LIBERTY ST.	
City-St-Zip:	JACKSONVILLE, FL 32206	
Title:	D	( ) Delete
Name:	FARQUHARSON, DENNIS L	
Address:	1023 N LIBERTY ST	
City-St-Zip:	JACKSONVILLE, FL 32206	
Title:	V/P	( ) Delete
Name:	PASHA, NELRAE M	
Address:	1023 N. LIBERTY ST.	
City-St-Zip:	JACKSONVILLE, FL 32206	

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:	
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: RAHMAN ALI P/D 06/23/2009

Electronic Signature of Signing Officer or Director — Date