2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005078

Entity Name: YIELD FOUNDATION, INC.

FILED May 03, 2010 Secretary of State

Current Principal Place of Business:

1023 N LIBERTY ST 1023 N LIBERTY ST

JACKSONVILLE, FL 32206

JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address: New Mailing Address:

1023 N LIBERTY ST 1023 N LIBERTY ST

JACKSONVILLE, FL 32206 #1
JACKSONVILLE, FL 32206

JACKSONVILLE, FL 3220

FEI Number: 59-3466655 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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: Name and Address of New Registered Agent:

ALI, RAHMAN ALI, RAHMAN

1023 LIBERTY STREET 1023 LIBERTY STREET

JACKSONVILLE, FL 32206 US #1

JACKSONVILLE, FL 32206 US

W. (51(65)(WILLE), F.E. 52256 65

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: RAHMAN ALI 05/03/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

 Name:
 ALI, RAHMAN MR.

 Address:
 1023 N LIBERTY ST

 City-St-Zip:
 JACKSONVILLE, FL 32206

Title: D

Name: CURRY, SHEILA MS.
Address: 1023 N. LIBERTY STREET
City-St-Zip: JACKSONVILLE, FL 32226

Title: T/D

 Name:
 DAVIS, JOHN D MR.

 Address:
 4543 WESCONNETT BLVD

 City-St-Zip:
 JACKSONVILLE, FL 32210

Title:

 Name:
 GRANT, ED'RON R

 Address:
 1023 N.LIBERTY ST.

 City-St-Zip:
 JACKSONVILLE, FL 32206

Title:

Name: FARQUHARSON, DENNIS L Address: 1023 N LIBERTY ST City-St-Zip: JACKSONVILLE, FL 32206

Title: V/P

 Name:
 PASHA, NELRAE M

 Address:
 1023 N. LIBERTY ST.

 City-St-Zip:
 JACKSONVILLE, FL 32206

I hereby 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 all other like empowered.

SIGNATURE: RAHMAN ALI PD 05/03/2010