2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# N97000006583

Entity Name: DAVID L. MASON FOUNDATION, INC.

Current Principal Place of Business:

1635 ROBINHOOD LANE
CLEARWATER, FL 33764 US

New Principal Place of Business:

1609 HAMPTON COURT
SAFETY HARBOR, FL 34695 US

Current Mailing Address:

1635 ROBINHOOD LANE
CLEARWATER, FL 33764 US

New Mailing Address:

1609 HAMPTON COURT
SAFETY HARBOR, FL 34695 US

FEI Number: 59-3479134 **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:

MASON, DAVID L
1635 ROBINHOOD LANE
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

MASON, DAVID L
1609 HAMPTON COURT
SAFETY HARBOR, FL 34695 US

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: _____ 06/16/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPTS ( ) Delete
Name: MASON, DAVID L
Address: 1635 ROBINHOOD LANE
City-St-Zip: CLEARWATER, FL 33764

Title: VSTD ( ) Delete
Name: MASON, JANICE A
Address: 1635 ROBINHOOD LANE
City-St-Zip: CLEARWATER, FL 33764 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change ( ) Addition
Name: MASON, DAVID L
Address: 1609 HAMPTON COURT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VSTD (X) Change ( ) Addition
Name: MASON, JANICE A
Address: 1609 HAMPTON COURT
City-St-Zip: SAFETY HARBOR, FL 34695 US

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: DAVID L MASON DPTS 06/16/2009
Electronic Signature of Signing Officer or Director — Date