

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002050

FILED
Mar 24, 2009
Secretary of State

Entity Name: THE HENRY G. AND IDA L. GRIFFIS FOUNDATION, INC.

Current Principal Place of Business:

8382 BAYMEADOWS ROAD
SUITE 2
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8382 BAYMEADOWS ROAD
SUITE 2
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3512273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, JOHN P CPA
8382 BAYMEADOWS ROAD
SUITE 2
JACKSONVILLE, FL 32256 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: D () Delete
Name: GRIFFIS, HENRY G SR.
Address: 8265 MAGNOLIA ST.
City-St-Zip: JACKSONVILLE, FL 32234

Title: D () Delete
Name: GRIFFIS, IDA L
Address: 8625 MAGNOLIA ST.
City-St-Zip: JACKSONVILLE, FL 32234

Title: D () Delete
Name: GRIFFIS, HENRY G JR.
Address: 165 N. ROSCOE BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: CUNNINGHAM, SHARON L
Address: 9501 LOEST RD.
City-St-Zip: JACKSONVILLE, FL 32234

Title: D () Delete
Name: MOSLEY, DIANA S
Address: 8737 MAGNOLIA ST.
City-St-Zip: JACKSONVILLE, FL 32234

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:

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: IDA L GRIFFIS

D

03/24/2009

Electronic Signature of Signing Officer or Director

Date