

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002050

**FILED**  
**Apr 27, 2010**  
**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  
**Name:** GRIFFIS, HENRY G JR.  
**Address:** 165 N. ROSCOE BLVD.  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

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

**Title:** D  
**Name:** NAZARIO, DIANA G  
**Address:** 8737 MAGNOLIA ST.  
**City-St-Zip:** JACKSONVILLE, FL 32224

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

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:** HENRY G GRIFFIS JR

D

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date