2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N98000002321

Entity Name: WILLIAM P. FOSTER FOUNDATION, INC.

Current Principal Place of Business:

6486 SOUTH WINDWOOD HILLS CIRCLE
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15184
TALLAHASSEE, FL 323175184

New Mailing Address:

FEI Number: 59-3506306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BYRD, HAROLD E SR
6486 SOUTH WINDWOOD HILLS CIRCLE
TALLAHASSEE, FL 32311 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: FOSTER, WILLIAM P
Address: 1003 TANNER DRIVE
City-St-Zip: TALLAHASSEE, FL 32310

Title: VPD ( ) Delete
Name: BYRD, HAROLD E SR.
Address: 6486 S. WINDWOOD HILLS CIRCLE
City-St-Zip: TALLAHASSEE, FL 323119322

Title: SD ( ) Delete
Name: WEBSTER, JOSEPH L SR.
Address: 1214 N. MAGNOLIA DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD ( ) Delete
Name: BYRD, CLINTON F
Address: 6496 S. WINDWOOD HILLS CIRCLE
City-St-Zip: TALLAHASSEE, FL 323119322

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HAROLD E. BYRD VPD 04/30/2004

Electronic Signature of Signing Officer or Director — Date