

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002727

FILED  
Mar 22, 2009  
Secretary of State

**Entity Name:** THE TOWE FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

4789 APALACHHEE ST.  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

4789 APALACHHEE ST.  
JACKSONVILLE, FL 32210

**New Mailing Address:**

**FEI Number:** 59-3509411

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOWE, ROLF H  
4789 APALACHEE STREET  
JACKSONVILLE, FL 32210 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: DST ( ) Delete  
Name: TOWE, ROLF H  
Address: 4789 APALACHEE STREET  
City-St-Zip: JACKSONVILLE, FL 32210

Title: DP ( ) Delete  
Name: TOWE, NEELY P  
Address: 4789 APALACHEE STREET  
City-St-Zip: JACKSONVILLE, FL 32210

Title: DV ( ) Delete  
Name: TOWE, CHRISTOPHER W  
Address: 315 EAST 68TH STREET, APARTMENT 9A  
City-St-Zip: NEW YORK, NY 10021

Title: DV ( ) Delete  
Name: EGAN, ANNE T  
Address: 4227 FOREST PARK ROAD  
City-St-Zip: JACKSONVILLE, FL 32210

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV (X) Change ( ) Addition  
Name: TOWE, CHRISTOPHER W  
Address: 315 EAST 68TH STREET, APARTMENT 9A  
City-St-Zip: NEW YORK, NY 10065

Title: DV (X) Change ( ) Addition  
Name: EGAN, ANNE T  
Address: 4211 YACHT CLUB ROAD  
City-St-Zip: JACKSONVILLE, FL 32210

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: ROLF H. TOWE

DST

03/22/2009

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

\_\_\_\_\_  
Date