2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N98000007119

Entity Name: TOM & CAROL DUNN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

361 COLONY DRIVE
NAPLES, FL 34106

New Principal Place of Business:

Current Mailing Address:

C/O GOODMAN BREEN & GIBBS
3838 TAMIAMI TR N SUITE 300
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-3547881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODMAN BREEN & GIBBS, P.A.
3838 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES, FL 34103 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: DUNN, THOMAS B
Address: 361 COLONY DRIVE
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete
Name: DUNN, CAROL J
Address: 361 COLONY DRIVE
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete
Name: DUNN-CUNNINGHAM, TRACY S
Address: P.O. BOX 458
City-St-Zip: BUCKHANNON, WV 262010458

Title: D ( ) Delete
Name: FLUKE, JENNIFER D
Address: P.O. BOX 458
City-St-Zip: BUCKHANNON, WV 262010458

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 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: THOMAS B. DUNN D 03/20/2009

Electronic Signature of Signing Officer or Director — Date