

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007141

FILED
Mar 02, 2009
Secretary of State

Entity Name: THE BLYLER/THOMPSON FOUNDATION, INC.

Current Principal Place of Business:

#10 LITTLE BAY HARBOR
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3679
PONTE VEDRA BEACH, FL 32004

New Mailing Address:

FEI Number: 59-3546806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, WILLIAM B
#10 LITTLE BAY HARBOR
PONTE VEDRA BEACH, FL 32082 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: PSD () Delete
Name: THOMPSON, NANCY R
Address: #10 LITTLE BAY HARBOR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VTD () Delete
Name: THOMPSON, WILLIAM B
Address: #10 LITTLE BAY HARBOR
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: D () Delete
Name: WILLEY, FAY B
Address: #10 LITTLE BAY HARBOR
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: VP () Delete
Name: NEWTON, JAMES H
Address: #10 LITTLE BAY HARBOR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: WILLIAM B THOMPSON

PSD

03/02/2009

Electronic Signature of Signing Officer or Director

Date