2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2009
Secretary of State

DOCUMENT# N99000001139

Entity Name: THE HISTORICAL MCKENZIE HOUSE FOUNDATION, INC.

Current Principal Place of Business:

17 EAST THIRD COURT
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

1301 MASSACHUSETTS AVENUE
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-3686828 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ZIMMERMAN, VIRGINIA M
1510 WILDRIDGE ROAD
LYNN HAVEN, FL 32444 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: MORTLAND, DONNA
Address: 525 N. BAY DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: VD ( ) Delete
Name: ZIMMERMAN, VIRGINIA
Address: 1510 WILDRIDGE DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: TD ( ) Delete
Name: SALE, AMBER M
Address: 1301 MASSACHUSETTS AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: SD ( ) Delete
Name: BURTON, DOROTHY
Address: 6325 BIG DADDY DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32407

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: AMBER M. SALE TD 05/14/2009

Electronic Signature of Signing Officer or Director — Date