2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2008
Secretary of State

DOCUMENT# N99000001831

Entity Name: FORESTER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1410 SLEEPY HOLLOW
LONGVIEW, TX 75601

New Principal Place of Business:

Current Mailing Address:

1410 SLEEPY HOLLOW
LONGVIEW, TX 75604 US

New Mailing Address:

FEI Number: 65-0939386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGERS, ROMNEY C
1401 E BROWARD BLVD STE 300
FT LAUDERDALE, FL 33301 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: FORESTER, SAMUEL J JR
Address: 1410 SLEEPY HOLLOW
City-St-Zip: LONGVIEW, TX 75604

Title: D ( ) Delete
Name: FORESTER, JULIE F
Address: 1410 SLEEPY HOLLOW
City-St-Zip: LONGVIEW, TX 75604

Title: D ( ) Delete
Name: FORESTER, SAMUEL J III
Address: 1410 SLEEPY HOLLOW
City-St-Zip: LONGVIEW, TX 75604

Title: D ( ) Delete
Name: FORESTER, SHARRA J
Address: 1410 SLEEPY HOLLOW
City-St-Zip: LONGVIEW, TX 75604

Title: D ( ) Delete
Name: FORESTER, WHITNEY H
Address: 1410 SLEEPY HOLLOW
City-St-Zip: LONGVIEW, TX 75604

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:

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: SAMUEL J FORESTER, PRES 01/26/2008

Electronic Signature of Signing Officer or Director — Date