2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N99000003596

Entity Name: THE OGLETHORPE FAMILY FOUNDATION, INC.

Current Principal Place of Business:

979 BEACHLAND BOULEVARD
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

979 BEACHLAND BOULEVARD
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 65-0925124 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FENNELL, TODD W
979 BEACHLAND BOULEVARD
VERO BEACH, FL 32963 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: OGLETHORPE, RAYMOND J JR.
Address: 629 LAKE DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete
Name: OGLETHORPE, JEAN J
Address: 629 LAKE DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete
Name: WEBSTER, KIMBERLY O
Address: 775 SARINA TERR. SW
City-St-Zip: VERO BEACH, FL 32968

Title: D ( ) Delete
Name: TOOLE, KATHERINE O
Address: 772 24TH SQUARE
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: OGLETHORPE, KIMBERLY O
Address: 775 SARINA TERR. SW
City-St-Zip: VERO BEACH, FL 32968

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: TODD W FENNELL RA 03/27/2009

Electronic Signature of Signing Officer or Director — Date