2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N99000004088

Entity Name: POWELL FAMILY FOUNDATION, INC.

Current Principal Place of Business:

2665 S BAYSHORE DR.
SUITE 800
MIAMI, FL 33133

New Principal Place of Business:

550 S. DIXIE HIGHWAY
SUITE 300
CORAL GABLES, FL 33146

Current Mailing Address:

2665 S BAYSHORE DR.
SUITE 800
MIAMI, FL 33133

New Mailing Address:

550 S. DIXIE HIGHWAY
SUITE 300
CORAL GABLES, FL 33146

FEI Number: 65-0934241 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKER, LINDA E
2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

BAKER, LINDA E
550 S. DIXIE HIGHWAY
SUITE 300
CORAL GABLES, FL 33146 US

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: _____ 03/24/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: POWELL, EARL W
Address: 2665 S BAYSHORE DR., SUITE 800
City-St-Zip: MIAMI, FL 33133

Title: DS ( ) Delete
Name: POWELL, CHRISTY
Address: 2665 S BAYSHORE DR., SUITE 800
City-St-Zip: MIAMI, FL 33133

Title: DT ( ) Delete
Name: BAKER, LINDA E
Address: 2665 S BAYSHORE DR., SUITE 800
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: POWELL, EARL W
Address: 550 SOUTH DIXIE HIGHWAY, SUITE 300
City-St-Zip: CORAL GABLES, FL 33146

Title: DS (X) Change ( ) Addition
Name: POWELL, CHRISTY
Address: 550 SOUTH DIXIE HIGHWAY, SUITE 300
City-St-Zip: CORAL GABLES, FL 33146

Title: DT (X) Change ( ) Addition
Name: BAKER, LINDA E
Address: 550 SOUTH DIXIE HIGHWAY, SUITE 300
City-St-Zip: CORAL GABLES, FL 33146

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: LINDA E BAKER DT 03/24/2009
Electronic Signature of Signing Officer or Director — Date