

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004821

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE RUTH PRUITT PHILLIPS FOUNDATION INC.

Current Principal Place of Business:

841 PRUDENTIAL DRIVE
#1400
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

841 PRUDENTIAL DRIVE
#1400
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3592853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRUITT, MARILYN W
4401 LAKESIDE DRIVE
APT #302
JACKSONVILLE, FL 32210 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: PHILLIPS, JAMES R
Address: 620 HIGHWAY 193
City-St-Zip: BANNER, WY 82832

Title: D () Delete
Name: PHILLIPS, ELWIN WEBB
Address: 61 RED CLOUD DRIVE
City-St-Zip: BANNER, WY 82832

Title: D () Delete
Name: PRUITT, MARILYN W
Address: 4401 LAKESIDE DRIVE, #302
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: PHILLIPS, NOAH R
Address: 2772 FRITZ COVE ROAD
City-St-Zip: JUNEAU, AK 99801

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: MARILYNN W. PRUITT

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date