

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002448

**FILED  
Apr 16, 2015  
Secretary of State  
CC9829290537**

**Entity Name:** EACHONETEACHONE FOUNDATION, INC.

**Current Principal Place of Business:**

2603 NW 13TH STREET #339  
GAINESVILLE, FL 32609

**Current Mailing Address:**

2603 NW 13TH STREET #339  
GAINESVILLE, FL 32609

**FEI Number:** 02-0686530

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MERRIMAN, VANDA W  
2603 NW 13TH STREET #339  
GAINESVILLE, FL 32609 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BYRD, WILLIAM  
Address 2603 NW 13TH STREET #339  
City-State-Zip: GAINESVILLE FL 32609

Title SD  
Name BAILEY, DWIGHT  
Address 2603 NW 13TH STREET #339  
City-State-Zip: GAINESVILLE FL 32609

Title TD  
Name MERRIMAN, VANDA  
Address 2603 NW 13TH STREET #339  
City-State-Zip: GAINESVILLE FL 32609

*I hereby 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 all other like empowered.*

**SIGNATURE:** VANDA MERRIMAN

TD

04/16/2015

Electronic Signature of Signing Officer/Director Detail

Date