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. 04/28/2016

SIGNATURE: VANDA W MERRIMAN

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of 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.

Officer/Director Detail :

SIGNATURE:

Title	PD	Title	SD
Name	BYRD, WILLIAM	Name	BAILEY, DWIGHT
Address	2603 NW 13TH STREET #339	Address	2603 NW 13TH STREET #339
City-State-Zip:	GAINESVILLE FL 32609	City-State-Zip:	GAINESVILLE FL 32609
Title	TD		
Name	MERRIMAN, VANDA		
Address	2603 NW 13TH STREET #339		
City-State-Zip:	GAINESVILLE FL 32609		

Name and Address of Current Registered Agent:

MERRIMAN, VANDA W

2603 NW 13TH STREET #339 GAINESVILLE. FL 32609

DOCUMENT# N0200002448

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: EACHONETEACHONE FOUNDATION, INC.

Current Principal Place of Business:

Current Mailing Address:

2603 NW 13TH STREET #339 GAINESVILLE. FL 32609

FEI Number: 02-0686530

2603 NW 13TH STREET #339 GAINESVILLE, FL 32609 US

FILED Apr 28, 2016 Secretary of State CC3170678901

Certificate of Status Desired: No

Date

Date

TD