

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 15, 2009  
Secretary of State**

DOCUMENT# N02000002448

Entity Name: EACHONETEACHONE FOUNDATION, INC.

**Current Principal Place of Business:**

2603 NW 13TH STREET #339  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

2603 NW 13TH STREET #339  
GAINESVILLE, FL 32609

**New Mailing Address:**

FEI Number: 02-0686530      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MERRIMAN, VANDA W  
2603 NW 13TH STREET #339  
GAINESVILLE, FL 32609      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: PD ( ) Delete  
Name: BYRD, WILLIAM  
Address: 2603 NW 13TH STREET #339  
City-St-Zip: GAINESVILLE, FL 32609

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

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

**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:

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: VANDA W. MERRIMAN

TD

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date