2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006790

FILED Jan 21, 2009 Secretary of State

DOCOI	AITIA I M IAO	300000730		Secretary or State
Entity Na	ame: ELSTON	FAMILY FOUNDATION, INC.		
Current Principal Place of Business:			New Principal Place	of Business:
88 NOTC	NEY ELSTON 3H HILL RD #36 FORD, CT 064			
Current Mailing Address:			New Mailing Address:	
2430 BEN JOHNS IS	NT TWIG SLAND, SC 29	455		
FEI Numbe	er: 65-0975468	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
2101 COF				
	e named entity te of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
SIGNATU	JRE:			
		nic Signature of Registered Ag	ent	Date
OFFICER	RS AND DIREC	CTORS:	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	ELSTON, SIDN 88 NOTCH HIL	L RD #369	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MEASTER, BA 2430 BENT TV	VIG	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:		5, 66 26 166		
Address: City-St-Zip:	ELSTON, STE 1326 OXFORE) Delete PHEN) ST	Title: Name: Address: City-St-Zip:	() Change () Addition

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: BARBARA P. MEASTER DIR. 01/21/2009