

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745407

FILED
Feb 09, 2009
Secretary of State

Entity Name: LOUIS PORTNOY FAMILY FOUNDATION, INC.

Current Principal Place of Business:

3335 N EDGEWOOD AVENUE
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551260
JACKSONVILLE, FL 32255 US

New Mailing Address:

FEI Number: 59-1869914 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANSBACHER & SCHNEIDER, P.A.
5150 BELFORT ROAD
BLDG 100
JACKSONVILLE, FL 32256 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: TP () Delete
Name: PASSINK, RHONDA
Address: 2817 FOREST MILL LANE
City-St-Zip: JACKSONVILLE, FL

Title: TV () Delete
Name: PORTNOY, JERRY
Address: 9550 KUHN ROAD
City-St-Zip: JACKSONVILLE, FL

Title: TV () Delete
Name: PORTNOY, MICHAEL
Address: 10837 CHEATHAM TRAIL
City-St-Zip: JACKSONVILLE, FL

Title: TS () Delete
Name: SCHNEIDER, MICHAEL N
Address: 5150 BELFORT ROAD BUILDING 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: T () Delete
Name: PASSINK, RICHARD
Address: P. O. BOX 2547
City-St-Zip: JACKSONVILLE, FL 32203

Title: TS () Delete
Name: ENNIS, ROBERT
Address: 5150 BELFORT ROAD BUILDING 600
City-St-Zip: JACKSONVILLE, FL 32256

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
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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: RHONDA PASSINK

P

02/09/2009

Electronic Signature of Signing Officer or Director

_____ Date