

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# F05000005419

Entity Name: ROSEMOOR FOUNDATION, INC.

Current Principal Place of Business:

117 EAST 70TH STREET
NEW YORK, NY 10021

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1541 MURRAY HILL STATION
NEW YORK, NY 101561541

New Mailing Address:

FEI Number: 13-3281516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEGARRA, HORTENSIA
7100 SW 75TH AVE
MIAMI, FL 331432800 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: ECKMAN, MARY ELISE
Address: 243 LEXINGTON AVENUE
City-St-Zip: NEW YORK, NY 100164605

Title: VD () Delete
Name: MALONEY, DOROTHY A
Address: 2709 36TH ST., N.W.
City-St-Zip: WASHINGTON, DC 200071422

Title: SD () Delete
Name: VALDEAVELLANO, MARIA
Address: 243 LEXINGTON AVENUE
City-St-Zip: NEW YORK, NY 100164605

Title: TD () Delete
Name: TAYLOR, JACQUELINE Y
Address: 243 LEXINGTON AVENUE
City-St-Zip: NEW YORK, NY 100164605

Title: D () Delete
Name: DECOSSE, CAROLE
Address: 6073 N FOREST GLEN
City-St-Zip: CHICAGO, IL 60618

Title: D () Delete
Name: OATES, MARIE
Address: 243 LEXINGTON AVE
City-St-Zip: NEW YORK, NY 10016

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
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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: JACQUELINE TAYLOR

TD

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date