

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005785

FILED  
Jan 27, 2009  
Secretary of State

**Entity Name:** LA ROMANA EMERGENCY RELIEF FUND, INC.

**Current Principal Place of Business:**

5900 NORTH ANDREWS AVE., STE 1000  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

5900 NORTH ANDREWS AVE., STE 1000  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

FEI Number: 65-0867290

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: D ( ) Delete  
Name: ODDO, ROBERT  
Address: 4410 N STATE RD 7, STE 100, BLDG J  
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: VPD ( ) Delete  
Name: FOLZ, THEO W  
Address: 5900 NORTH ANDREWS AVENUE  
City-St-Zip: FORT LAUDERDALE, FL

Title: SD ( ) Delete  
Name: ELLIS, GARY R  
Address: 5900 NORTH ANDREWS AVENUE  
City-St-Zip: FORT LAUDERDALE, FL

Title: PD ( ) Delete  
Name: AIELLO, MELISSA  
Address: 5900 NORTH ANDREWS AVENUE  
City-St-Zip: FORT LAUDERDALE, FL

**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  
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: GARY R. ELLIS

SD

01/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date