2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001758

FILED Jan 09, 2009 Secretary of State

Entity Na	me: BLANK C	CHARITABLE FOUNDATION,	INC.		
Current P	Principal Place	e of Business:	New Principal Place	of Business:	
4649 PONCE DE LEON BLVD 402					
CORAL G	ABLES, FL 33	146			
Current M	failing Addres	ss:	New Mailing Address	s:	
497	ITH DIXIE HW				
CORAL G	ABLES, FL 33	146			
FEI Number: 43-1953412 FEI Number Applied For ()		FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	d Address of (Current Registered Agent:	Name and Address o	f New Registered Agent:	
402	ONY ICE DE LEON ABLES, FL 33				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BLANK, MARK) Delete DIXIE HWY #497 S, FL 33146	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CSD (BLANK, TONY 1172 S DIXIE I CORAL GABLE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (NEUMAN, KAR 1172 S DIXIE I CORAL GABLE	HVVY #497	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: KAREN NEUMAN MRS. 01/09/2009