

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005489

FILED
Feb 03, 2009
Secretary of State

Entity Name: THE COLODNY FAMILY FOUNDATION, INC.

Current Principal Place of Business:

6909 LAKE PLACE COURT
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

6909 LAKE PLACE COURT
TAMPA, FL 33634

New Mailing Address:

FEI Number: 51-0419168 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLODNY, LEONARD
6909 LAKE PLACE COURT
TAMPA, FL 33634 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: DPS () Delete
Name: COLODNY, LEONARD
Address: 6909 LAKE PLACE COURT
City-St-Zip: TAMPA, FL 33634

Title: DVT () Delete
Name: COLODNY, SANDRA
Address: 6909 LAKE PLACE COURT
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: CARLSON, CHARLES A
Address: 601 BAYSHORE BLVD. #700
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: COLODNY, JOHN
Address: 10242 N.W. 47TH STREET #1
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: COLODNY, ROBIN
Address: 4001 N.W. 73RD WAY
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: LOCKER, RAY
Address: 5832 EDSON LANE
City-St-Zip: ROCKVILLE, MD 20852 US

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:

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: LEONARD COLODNY

Electronic Signature of Signing Officer or Director

DPS

02/03/2009

_____ Date