2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007902

Entity Name: RAPB FOUNDATION, INC.

FILED Mar 02, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1926 10TH AVE NORTH SUITE 410							
LAKE WORTH, FL 33461							
Current Mailing Address:				New Mailing Address:			
1926 10TH AVE NORTH SUITE 410 LAKE WORTH, FL 33461							
FEI Number:	16-1633067	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of St	atus Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
DOUGHERTY, DARCY A 1926 10TH AVE NORTH 410				PAUL, BRIAN S 1926 10TH AVE NORTH 410			
LAKE WORTH, FL 33461 US LAKE WORTH, FL 33461 US 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: BRIAN S. PAUL				03/02/2009			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () E SAIN, ERIC 101 NORTH COU PALM BEACH, FL			Title: Name: Address: City-St-Zip:	()	Change () Addit	ion
Title: Name: Address: City-St-Zip:	D () C GULISANO, FRAN 1701 N FEDERAL BOCA RATON, FI	L HWY #4		Title: Name: Address: City-St-Zip:	D (X) MIKE, JOHN 2335 STATE RO WELLINGTON, I		tion
Title: Name: Address: City-St-Zip:	ST/D () D DOUGHERTY, DA 1926 10 AVE N S LAKE WORTH, F	TE #410		Title: Name: Address: City-St-Zip:	ST/D (X) PAUL, BRIAN S 1926 10 AVE N LAKE WORTH, I		tion
Title: Name: Address: City-St-Zip:	D (X) E MIKE, JOHN 2335 STATE ROA WELLINGTON, F			Title: Name: Address: City-St-Zip:	()	Change () Addit	ion
Title: Name: Address: City-St-Zip:	D (X) E GOLDSTEIN, RO 622 BANYAN TRA BOCA RATON, FI	AIL		Title: Name: Address: City-St-Zip:	()	Change () Addit	ion
Title: Name: Address: City-St-Zip:	D (X) E KENT, KEVIN 12901 MARSH PO PALM BCH GARE			Title: Name: Address: City-St-Zip:	()	Change () Addit	ion

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: BRIAN S. PAUL ST/D 03/02/2009