

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008664

FILED
Apr 15, 2008
Secretary of State

Entity Name: RODEL CHARITABLE FOUNDATION - FLORIDA, INC.

Current Principal Place of Business:

501 WHITEHEAD STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

501 WHITEHEAD STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 20-0282219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERSON, ANN
501 WHITEHEAD STREET
KEY WEST, FL 33040 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: DIR () Delete
Name: FREEMAN, SHIRLEY
Address: 724 EATON STREET
City-St-Zip: KEY WEST, FL 33040 US

Title: DIR () Delete
Name: COOKE, JOHN
Address: 1125 VON PHISTER ST
City-St-Zip: KEY WEST, FL 33040 US

Title: PRES () Delete
Name: HENDERSON, ANN
Address: 501 WHITEHEAD STREET
City-St-Zip: KEY WEST, FL 33040 US

Title: VP () Delete
Name: BUDINGER, WILLIAM
Address: 504 NOAH LANE
City-St-Zip: KEY WEST, FL 33040 US

Title: SEC () Delete
Name: BLOCK, EDWARD M
Address: 1300 TROPICAL STREET
City-St-Zip: KEY WEST, FL 33040 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:

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: ANN HENDERSON

PRES

04/15/2008

Electronic Signature of Signing Officer or Director

Date