

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011395

FILED
Mar 25, 2009
Secretary of State

Entity Name: FOUNDATION FOR THE SLAL, INC.

Current Principal Place of Business:

240 MOHAWK ROAD
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

240 MOHAWK ROAD
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 59-3791766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWYER, BONNY
240 MOHAWK ROAD
CLERMONT, FL 34711 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: V () Delete
Name: REAGAN, STANLEY
Address: 8110 LAKE NELLIE RD
City-St-Zip: CLERMONT, FL 34711

Title: S () Delete
Name: GUGGINO, SALLY
Address: 11025 BRENSON RD.
City-St-Zip: CLERMONT, FL 34711

Title: T () Delete
Name: BOWYER, BONNY
Address: 240 MOHAWK ROAD
City-St-Zip: CLERMONT, FL 34744

Title: V () Delete
Name: CLINE, RONDA
Address: 7417 T.L. CLINE RD
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REAGAN, STANLEY
Address: 8110 LAKE NELLIE RD
City-St-Zip: CLERMONT, FL 34711

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: BONNY BOWYER

TREA

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date