

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012485

FILED
Apr 30, 2009
Secretary of State

Entity Name: D.A.S.H. FOUNDATION, INC.

Current Principal Place of Business:

49 ROUNDTREE DR
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

49 ROUNDTREE DR
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 20-8004631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, CONSTANCE R
49 ROUNDTREE DR
PALM COAST, FL 32164 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: D () Delete
Name: WALLACE, CONSTANCE R
Address: 49 ROUNDTREE DR
City-St-Zip: PALM COAST, FL 32164

Title: D () Delete
Name: WALLACE, GARRY
Address: 49 ROUNDTREE DR
City-St-Zip: PALM COAST, FL 32164

Title: D () Delete
Name: STIER, KATRINA
Address: 34 BUENA COURT
City-St-Zip: TURNERSVILLE, NJ 08012

Title: D () Delete
Name: IANTUONO, ALANA
Address: 881 GREENWICH AVENUE, #E26
City-St-Zip: WARWICK, RI 02886

Title: D () Delete
Name: IANTUONO, DARA
Address: 881 GREENWICH AVENUE, #E26
City-St-Zip: WARWICK, RI 02886

Title: D () Delete
Name: MOELLER, ELAINE
Address: 1315 16TH AVE
City-St-Zip: KEARNEY, NE 68845

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
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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: WALLACE, CONSTANCE R.

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date