

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2009
Secretary of State**

DOCUMENT# N08000000920

Entity Name: ALBERT W. BADER FOUNDATION, INC.

Current Principal Place of Business:

SUNTRUST FINANCIAL CENTER
401 EAST JACKSON STREET, SUITE 1700
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

SUNTRUST FINANCIAL CENTER
401 EAST JACKSON STREET, SUITE 1700
TAMPA, FL 33602

New Mailing Address:

FEI Number: 26-1860514 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: MANDELOFF, ALAN H
Address: 1800 JFK BLVD., 20TH FLOOR
City-St-Zip: PHILADELPHIA, PA 19103

Title: D () Delete
Name: FITZGERALD, RICHARD
Address: 1057 CLOVERNOOK AVENUE
City-St-Zip: BENSALEM, PA 19020

Title: D () Delete
Name: BOGAN, JAMES
Address: 281 CHAARLES STREET
City-St-Zip: SOUTHAMPTON, PA 18966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BOGAN, JAMES
Address: 281 CHARLES STREET
City-St-Zip: SOUTHAMPTON, PA 18966

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: ALAN H. MANDELOFF

D

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date