

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# N08000002748

Entity Name: FRIENDS OF WESTON FOUNDATION, INC.

Current Principal Place of Business:

1730 LAKESHORE CIRCLE
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1730 LAKESHORE CIRCLE
WESTON, FL 33326

New Mailing Address:

FEI Number: 26-2312793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIZCARRONDO, JOSE A
1730 LAKESHORE CIRCLE
WESTON, FL 33326 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: VIZCARRONDO, JOSE A
Address: 1730 LAKESHORE CIRCLE
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: VIZCARRONDO, MARIA E
Address: 1730 LAKESHORE CIRCLE
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: NAGEN, DANELLA
Address: 1732 VICTORIA POINTE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: ROVIS, MARGARITA L
Address: 10977 GOLDEN EAGLE COURT
City-St-Zip: WESTON, FL 33324

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:

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: JOSE VIZCARRONDO

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date