

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005478

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE VIVES FOUNDATION, INC

Current Principal Place of Business:

794 BIRGHAM PLACE
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

794 BIRGHAM PLACE
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 26-2798997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUZ, EDWARD G
794 BIRGHAM PLACE
LAKE MARY, FL 32746 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: P () Delete
Name: CRUZ, EDWARD G
Address: 794 BIRGHAM PLACE
City-St-Zip: LAKE MARY, FL 32746

Title: VP () Delete
Name: CRUZ, EMILY N
Address: 794 BIRGHAM PLACE
City-St-Zip: LAKE MARY, FL 32746

Title: VP () Delete
Name: MITCHELL, SUSAN
Address: 522 WINDMEADOWS CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP () Delete
Name: LOWE, JACK
Address: 522 WINDMEADOWS CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP () Delete
Name: STOOPS, TROY
Address: 821 WAYNE AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: EDWARD CRUZ

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date