

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007426

FILED
Apr 16, 2009
Secretary of State

Entity Name: THE IDLEWILD FOUNDATION, INC.

Current Principal Place of Business:

315 S. HYDE PARK AVE.
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1757
LUTZ, FL 33548

New Mailing Address:

FEI Number: 26-3267484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, JAMES P.
315 S. HYDE PARK AVE.
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

HINES, JAMES P.
315 S. HYDE PARK AVE.
TAMPA, FL 33606 US

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: JAMES P. HINES

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEAROLF, PIETER J.
Address: P.O. BOX 1757
City-St-Zip: LUTZ, FL 33548

Title: D () Delete
Name: TAYLOR, ROBERT E.
Address: P.O. BOX 1757
City-St-Zip: LUTZ, FL 33548

Title: D () Delete
Name: SMITH, BYRON C.
Address: P.O. BOX 1757
City-St-Zip: LUTZ, FL 33548

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEAROLF, PIETER J.
Address: P.O. BOX 1757
City-St-Zip: LUTZ, FL 33548

Title: D (X) Change () Addition
Name: TAYLOR, ROBERT E.
Address: P.O. BOX 1757
City-St-Zip: LUTZ, FL 33548

Title: D (X) Change () Addition
Name: SMITH, BYRON C.
Address: P.O. BOX 1757
City-St-Zip: LUTZ, FL 33548

Title: VC () Change (X) Addition
Name: PERRY, ROBERT M.
Address: P. O. BOX 1757
City-St-Zip: LUTZ, FL 33548

Title: SEC () Change (X) Addition
Name: NIELSEN, RICHARD A JUDGE
Address: P.O. BOX 1757
City-St-Zip: LUTZ, FL 33548

Title: TREA () Change (X) Addition
Name: EICHOLTZ, KIRK D.
Address: P.O. BOX 1757
City-St-Zip: LUTZ, FL 33548

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: JAMES P. HINES

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date