

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 02, 2009
Secretary of State**

DOCUMENT# N17908

Entity Name: SPEN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

46 N. WASHINGTON BLVD
#27
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

46 N. WASHINGTON BLVD
#27
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 59-2742185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWNING, GEORGE, III
46 N. WASHINGTON BLVD., #27
SARASOTA, FL 34236 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: PD () Delete
Name: RODEHEFFER, MADELEINE S
Address: 11215 SE 284TH ST
City-St-Zip: KENT, WA 98030 US

Title: VD () Delete
Name: GOLDBERG, PAUL,
Address: 7931 WINTERSET AVENUE
City-St-Zip: BALTIMORE, MD 21203

Title: SD () Delete
Name: BARNUM, SAMUEL
Address: 706 HAIGHT ST
City-St-Zip: SAN FRANCISCO, CA 94117 US

Title: TD () Delete
Name: HERRON, WILLIAM
Address: 5590 BEE RIDGE ROAD, BLD A, SUITE 3
City-St-Zip: SARASOTA, FL 34233 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RODEHEFFER, MADELEINE S
Address: 11215 SE 284TH ST
City-St-Zip: AUBURN, WA 98092 US

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: MADELEINE S RODEHEFFER

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date