## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000003330

Entity Name: CAPE ELEUTHERA FOUNDATION, INC.

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
777 S FLA STE 500 E WEST PAI		L 33401				
Current M	ailing Addre	ss:	New I	New Mailing Address:		
PO BOX 59 PRINCETO	910 DN, NJ 08543	5910				
FEI Number: 31-1591503 FEI Number Applied For ( ) FEI			FEI Number No	Number Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
777 S ÉLA	ENNETH J JR GLER DR ST LM BCH, FL (					
	named entity of Florida.	submits this statement for the p	urpose of chang	ging its registe	red office or registered agent, or both,	
SIGNATURE:						
	Electro	nic Signature of Registered Age	nt		Date	
OFFICERS AND DIRECTORS:			ADDI	TIONS/CHAN	GES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BEALL, KENNI 777 S FLAGLE	) Delete ETH S JR ER DR STE 500E BCH, FL 33401	Title: Name: Addres City-St-		() Change () Addition	
Title: Name: Address: City-St-Zip:	MORRIS, LES 18 TANGLEW	) Delete DOD DR AND, SC 29585	Title: Name: Addres City-St-		(X) Change ( ) Addition , LES LEWOOD DR (S ISLAND, SC 29585	
Title: Name: Address: City-St-Zip:	T ( GREEN, DAVII 260 LAKESIDE GRAND RAPIE	DRIVE SE	Title: Name: Addres City-St-	s: 260 LAK	(X) Change () Addition DAVID W ESIDE DRIVE SE AND RAPIDS, MI 49506	
Title: Name: Address: City-St-Zip:	MAXEY, CHRI P O BOX 6008		Title: Name: Addres City-St-		() Change () Addition	
Title: Name: Address: City-St-Zip:	BARDEL, WIL P O BOX 6003	) Delete LIAM , C/O LAWRENCEVILLE SCHOOL LLE, NJ 08648 OC	Title: Name: Addres City-St-		(X) Change ( ) Addition LEITA RENCEVILLE ROAD ON, NJ 08640	
Title: Name: Address: City-St-Zip:	BOHNETT, WI 16 MONTERE		Title: Name: Addres City-St-		KENBACKER CAUSEWAY	

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: CHRISTOPHER B. MAXEY PRES 01/16/2009