

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001201

FILED
Mar 21, 2009
Secretary of State

Entity Name: THE ACHILLES FOUNDATION, INC.

Current Principal Place of Business:

19 NIAGARA FALLS CIRCLE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

19 NIAGARA FALLS CIRCLE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 80-0146498 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIANAS, JAMES G PHD
19 NIAGARA FALLS CIRCLE
ORMOND BEACH, FL 32174 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: PRES () Delete
Name: BRIANAS, JAMES G PHD
Address: 19 NIAGARA FALLS CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP1 () Delete
Name: IFOU, MARIA BA
Address: PATROCLUS STREET
City-St-Zip: PHARSALA, GR 40300

Title: VP2 () Delete
Name: BRIANAS, CHRISTOPHER J MSC
Address: 3A COMPROMISE STREET
City-St-Zip: ANNAPOLIS, MD 21401

Title: SEC () Delete
Name: GOUNDOPOULOS, GREGORY J BSC
Address: 2 OMIROU STREET
City-St-Zip: PHARSALA, GR 40300

Title: TREA () Delete
Name: BRIANAS, JONATHAN T MBA
Address: 15 1/2 HILL STREET
City-St-Zip: ANNAPOLIS, MD 21401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP1 (X) Change () Addition
Name: HALKOS, MICHAEL BA
Address: 170 SOMERSET ROAD
City-St-Zip: STEVENSVILLE, MD 21666

Title: VP2 (X) Change () Addition
Name: CHIRIGOTIS, FREDERICK BS
Address: 237 AUTUMN CHASE DRIVE
City-St-Zip: ANNAPOLIS, MD 21401

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: JAMES G. BRIANAS

PRES

03/21/2009

Electronic Signature of Signing Officer or Director

_____ Date