2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 712225

Entity Name: KINNERET, INC.

Current Principal Place of Business:

515 S DELANEY AVE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

515 S DELANEY AVE
ORLANDO, FL 32801

New Mailing Address:

11300 4TH STREET N.
SUITE 200
ST. PETERSBURG, FL 33716

FEI Number: 59-6194199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHADWICK, JAMES M
11300 4TH ST N STE 200
SAINT PETERSBURG, FL 33716 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:	D	( ) Delete
Name:	HALIKMAN, FARLEN	
Address:	1201 S ORANGE AVE, STE 400	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	PD	( ) Delete
Name:	POLEJES, ALISON	
Address:	2110 FORREST RD	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	VD	( ) Delete
Name:	LEVIN, LAURIE	
Address:	200 S ORANGE AVE, SUITE 2300	
City-St-Zip:	ORLANDO, FL 32801	
Title:	D	( ) Delete
Name:	MANDELKERN, PAUL	
Address:	653 SELKIRK DRIVE	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	D	( ) Delete
Name:	PEARLMAN, RHONDA	
Address:	3900 NEPTUNE AVE	
City-St-Zip:	ORLANDO, FL 32804	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:		
Title:	SD	( ) Change (X) Addition
Name:	ZIEGLER, FELECIA	
Address:	2016 SANTA ANTILLES RD.	
City-St-Zip:	ORLANDO, FL 32806	

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: ALISON POLEJES PRES 01/06/2009

Electronic Signature of Signing Officer or Director — Date