

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 720922

1. Entity Name
JOHN E. AND NELLIE J. BASTIEN MEMORIAL
FOUNDATION, INC.



Principal Place of Business

440 EAST SAMPLE ROAD
SUITE 209
POMPANO BEACH, FL 33064 US

Mailing Address

440 EAST SAMPLE ROAD
SUITE 209
POMPANO BEACH, FL 33064 US



01102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6160694

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, CAROLYN E
440 EAST SAMPLE ROAD
SUITE 209
POMPANO BEACH, FL 33064

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	SCHNEIDER, CAROLYN E.
STREET ADDRESS	440 EAST SAMPLE ROAD, SUITE 209
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	T
NAME	KEARNS, CAROL R
STREET ADDRESS	440 EAST SAMPLE ROAD, SUITE 209
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	T
NAME	LAWSON, JILL T
STREET ADDRESS	440 EAST SAMPLE ROAD, STE. 209
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000791951
01/23/08-80098-010 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jill T. Lawson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/07

Date

954-942-3203

Daytime Phone #