

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722746

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** HAMILTON M. AND BLANCHE C. FORMAN CHRISTIAN FOUNDATION

**Current Principal Place of Business:**

1524 CORAL RIDGE DR  
FORT LAUDERDALE, FL 33304 US

**New Principal Place of Business:**

**Current Mailing Address:**

1524 CORAL RIDGE DR  
FORT LAUDERDALE, FL 33304 US

**New Mailing Address:**

P.O. BOX 292037  
DAVIE, FL 33329 US

**FEI Number:** 59-6131560

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FORMAN, AUSTIN  
1804 S E 9TH STREET  
FORT LAUDERDALE, FL 33316 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: FORMAN, H C  
Address: 1524 CORAL RIDGE DR  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D ( ) Delete  
Name: FORMAN, WALTER  
Address: 1524 CORAL RIDGE DR  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: STD ( ) Delete  
Name: FORMAN, AUSTIN  
Address: 888 S.E. 3 AVE.  
City-St-Zip: FT LAUDERDALE, FL

Title: D ( ) Delete  
Name: FORMAN, CHARLES R  
Address: 320 NW 3 AVE  
City-St-Zip: OCALA, FL

Title: VD ( ) Delete  
Name: FORMAN, HAMILTON C JR.  
Address: 2626 N.E. 16TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33304

**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:

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: AUSTIN FORMAN

STD

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date