2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 743454

Entity Name: ANTHONY R. ABRAHAM FOUNDATION, INC.

Current Principal Place of Business:

1320 S. DIXIE HIGHWAY
241
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1320 S. DIXIE HIGHWAY
241
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 59-1837290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRYER, WARREN
1320 S. DIXIE HIGHWAY
241
CORAL GABLES, FL 33146 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:	ABRAHAM, ANTHONY R	
Address:	727 SOUTH ALHAMBRA CIRCLE	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	SD	( ) Delete
Name:	ABRAHAM, THOMAS G	
Address:	155 SOLANO PRADO	
City-St-Zip:	CORAL GABLES, FL 33156	
Title:	DVP	( ) Delete
Name:	SHAKER, ANTHONY	
Address:	1118 N. KENILWORTH AVENUE	
City-St-Zip:	OAK PARK, IL	
Title:	D	( ) Delete
Name:	SHADYAC, RICHARD	
Address:	904 GEORGETOWN RIDGE COURT	
City-St-Zip:	MCLEAN, VA 22102	
Title:	D	( ) Delete
Name:	SHAKER, ANTHONY	
Address:	1118 N, KENILWORTH AVE.	
City-St-Zip:	OAK PARK, IL 60302	
Title:	D	( ) Delete
Name:	SHAKER, JOSEPH	
Address:	1313 JACKSON AVENUE	
City-St-Zip:	RIVER FOREST, IL 60305	

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:	D	(X) Change ( ) Addition
Name:	ABRAHAM, GEORGE J	
Address:	330 CAMPANA AVENUE	
City-St-Zip:	CORAL GABLES, FL 33156	
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: GEORGE J. ABRAHAM DI 01/14/2009

Electronic Signature of Signing Officer or Director — Date