

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757418

FILED
Jan 09, 2009
Secretary of State

Entity Name: DAMON BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:

1009 GREENPINE BLVD
C-1
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

1009 GREENPINE BLVD
C-1
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 59-2328233 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBSON, MICHAEL I
1009 GREENPINE BLVD.
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

JACOBSON, MICHAEL I
1009 GREENPINE BLVD. C-1
WEST PALM BEACH, FL 33409 US

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: MICHAEL I. JACOBSON

01/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: JACOBSON, MICHAEL
Address: 1009 GREENPINE BLVD. C-1
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VPD () Delete
Name: DUBIN, LARRY
Address: 9606 ORCHID GROVE TERRACE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: PD () Delete
Name: FRANKEL, MORON
Address: 9866 LEMONWOOD WAY
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: JACOBSON, MICHAEL I
Address: 1009 GREENPINE BLVD. C-1
City-St-Zip: WEST PALM BEACH, FL 33409

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: MICHAEL I. JACOBSON

STD

01/09/2009

Electronic Signature of Signing Officer or Director

Date