

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763548

FILED
Mar 26, 2009
Secretary of State

Entity Name: SAINT ANN SCHOOL FOUNDATION, INC.

Current Principal Place of Business:

475 NINTH AVENUE S
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

475 NINTH AVENUE S
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-2201867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: DD () Delete
Name: LONGE, PATRICK
Address: 745 12TH AVE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: FLYNN, TERRANCE
Address: 3801 FORT CHARLES DRIVE
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: LAUTENBACH, NED
Address: 1801 GALLEON DRIVE
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: MAGIN, LESLIE
Address: 1801 GULFSHORE BLVD #802
City-St-Zip: NAPLES, FL 34102

Title: STD () Delete
Name: BYRNES, WILLIAM L
Address: 1801 GULFSHORE BLVD #403
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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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: PATRICK LONGE

PRES

03/26/2009

Electronic Signature of Signing Officer or Director

Date