

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767133

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** THE ANDY SWEET MEMORIAL FOUNDATION, INC.

**Current Principal Place of Business:**

2000 TOWERSIDE TERR  
#507  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

2000 TOWERSIDE TERR  
#507  
MIAMI, FL 33138

**New Mailing Address:**

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

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

BRYN, MARK  
2 SOUTH BISCAYNE BLVD  
SUITE 2680  
MIAMI, FL 33131 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 (X) Delete  
Name: PERTNOY, EARL  
Address: 5660 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD ( ) Delete  
Name: SWEET, AUDREY  
Address: 2000 TOWERSIDE TERR #507  
City-St-Zip: MIAMI, FL 33138

Title: SD ( ) Delete  
Name: GIDNEY, MARC A  
Address: 326 71ST ST  
City-St-Zip: MIAMI BEACH, FL

Title: D ( ) Delete  
Name: MOSS, ELLEN  
Address: 9305 NE 9TH AVE  
City-St-Zip: MIAMI SHORES, FL 33138

Title: D ( ) Delete  
Name: SWEET, NANCY  
Address: 336 S ONEIDA WY  
City-St-Zip: DENVER, CO 80224

**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: ELLEN MOSS

D

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date