

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005934

FILED  
Jun 23, 2009  
Secretary of State

**Entity Name:** THE SURFRIDER FOUNDATION, INC.

**Current Principal Place of Business:**

942 CALLE NEGOCIO SUITE 350  
SAN CLEMENTE, CA 92673

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6010  
SAN CLEMENTE, CA 926746010

**New Mailing Address:**

**FEI Number:** 95-3941826      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

D'AVANZO, ERICKA  
508 SE OSCEOLA STREET  
STUART, FL 34994 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: D ( ) Delete  
Name: CANTRAL, LAURA  
Address: 942 CALLE NEGOCIO SUITE 350  
City-St-Zip: SAN CLEMENTE, CA 92673

Title: C ( ) Delete  
Name: ROSENBLATT, BILL  
Address: 2002 SUNSET AVE  
City-St-Zip: OCEAN, NJ 07712

Title: D ( ) Delete  
Name: DESAI, VIPE  
Address: 942 CALLE NEGOCIO  
City-St-Zip: SAN CLEMENTE, CA 92673

Title: D ( ) Delete  
Name: LAM, WING  
Address: 942 CALLE NEGOCIO #350  
City-St-Zip: SAN CLEMENTE, CA 92673

Title: S ( ) Delete  
Name: BAILIFF, MEGAN  
Address: 1721 CALLE DELICADA  
City-St-Zip: LA JOLLA, CA 92037

Title: D ( ) Delete  
Name: WILMOT, DAVID  
Address: 942 CALLE NEGOCIO #450  
City-St-Zip: SAN CLEMENTE, CA 92673

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: C (X) Change ( ) Addition  
Name: AHLUM, SEAN  
Address: 105 B CORAL DRIVE  
City-St-Zip: WRIGHTSVILLE BEACH, NC 28480

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

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

Title: S (X) Change ( ) Addition  
Name: DUVAL, MICHELLE  
Address: 209 N. 20TH STREET  
City-St-Zip: MOREHEAD CITY, NC 28557

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: MICHELLE C KREMER

COO

06/23/2009

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

\_\_\_\_\_  
Date