

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004441

FILED
Mar 25, 2009
Secretary of State

Entity Name: ABWE FOUNDATION, INC.

Current Principal Place of Business:

522 LEWISBERRY RD.
NEW CUMBERLAND, PA 17070

New Principal Place of Business:

Current Mailing Address:

522 LEWISBERRY RD.
NEW CUMBERLAND, PA 17070

New Mailing Address:

P O BOX 8585
HARRISBURG, PA 17105

FEI Number: 23-2913381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORO, DAVID
3009 NE 2ND TERRANCE
WILTON MANOR, FL 333341054 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: P () Delete
Name: PIERSON, WILLIAM M
Address: 133 WHEATLAND ROAD
City-St-Zip: LEWISBERRY, PA 17339

Title: V () Delete
Name: LOFTIS, MICHAEL G
Address: 923 OAK HILL RD.
City-St-Zip: LEWISBERRY, PA 17339

Title: S () Delete
Name: PRIDDY, GLENN
Address: 520 LEWISBERRY ROAD
City-St-Zip: NEW CUMBERLAND, PA 17070

Title: T () Delete
Name: DAVIS, DONALD F ESQ.
Address: 89 BIDDLE ROAD
City-St-Zip: CARLISLE, PA 17013

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:

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: DONALD F DAVIS

T

03/25/2009

Electronic Signature of Signing Officer or Director

Date