

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006802

FILED  
Feb 20, 2008  
Secretary of State

**Entity Name:** JOHN ENTWISTLE FOUNDATION INCORPORATED

**Current Principal Place of Business:**

133 ROUTE 304  
BARDONIA, NY 10954

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 07135  
FT. MYERS, FL 33919

**New Mailing Address:**

9130 LINKS DRIVE  
FT. MYERS, FL 33913

**FEI Number:** 20-0055088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUONGO, LAURIE  
9130 LINKS DR.  
FT. MYERS, FL 33919 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: LUONGO, LAURIE  
Address: 9130 LINKS DR.  
City-St-Zip: FT. MYERS, FL 33919

Title: D ( ) Delete  
Name: LUONGO, STEVE  
Address: 9130 LINKS DR.  
City-St-Zip: FT. MYERS, FL 33919

Title: V ( ) Delete  
Name: KELLY, STEFANI  
Address: 67 CAYUGA RD  
City-St-Zip: PUTNAM VALLEY, NY 10579+

Title: S ( ) Delete  
Name: BUMSTEAD, BRUCE  
Address: 158 COLABAUGN ROAD  
City-St-Zip: CROTON, NY 10520

Title: T ( ) Delete  
Name: HUYSMAN, JAMIE  
Address: 3050 BISCANYE AVE STE 908  
City-St-Zip: MAIMI, FL 33137

**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: LAURIE LOUNGO

P

02/20/2008

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

\_\_\_\_\_  
Date