

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 BISCANEY 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:

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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: LAURIE LUONGO

P

02/20/2008

Electronic Signature of Signing Officer or Director

Date