

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 26, 2009
Secretary of State**

DOCUMENT# F06000005777

Entity Name: PAMELA AND LESLIE MUMA FAMILY FOUNDATION, INC.

Current Principal Place of Business:

100 PALMETTO RD
BELLEAIR, FL 33756

New Principal Place of Business:

Current Mailing Address:

100 PALMETTO RD
BELLEAIR, FL 33756

New Mailing Address:

FEI Number: 39-1933039 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUMA, LESLIE M
100 PALMETTO RD
BELLEAIR, FL 33756 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: PC () Delete
Name: MUMA, LESLIE M
Address: 100 PALMETTO RD
City-St-Zip: BELLEAIR, FL 33756

Title: STD () Delete
Name: MUMA, PAMELA S
Address: 100 PALMETTO RD
City-St-Zip: BELLEAIR, FL 33756

Title: D () Delete
Name: WEITZ, LISA D
Address: 6 GUERARD RD
City-St-Zip: CHARLESTON, SC 29407

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:

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: LESLIE M MUMA

PRES

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date