## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000000644

Entity Name: FAIRY GODMOTHERS INC.

FILED Mar 30, 2009 Secretary of State

2930 TURNPIKE DRIVE HATBORO, PA 19040

**Current Mailing Address: New Mailing Address:** 

PO BOX 118 3385 WESTMINSTER LANE HATBORO, PA 19040 DOYLESTOWN, PA 18902

FEI Number: 23-3070710 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

MCDONALD, AMANDA

WAGNER, HOLLY 7850 REFLECTION COVE DR APT. 304 13800 WATERBURY COURT #204 FT. MYERS, FL 33907 FT. MYERS, FL 33919

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: HOLLY WAGNER 03/30/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CPD () Delete (X) Change ( ) Addition JESKO, JOYCE JESKO, JOYCE Name: Name: 2930 TURNPIKE DRIVE Address: 2930 TURNPIKE DRIVE Address: City-St-Zip: HATBORO, PA 19040 City-St-Zip: HATBORO, PA 19040 Title: DST (X) Delete Title: () Change () Addition HOLTZMAN, BRIAN M Name: Name: Address: 2930 TURNPIKE DRIVE Address: City-St-Zip: HATBORO, PA 19040 City-St-Zip: Title: DVP () Delete Title: () Change () Addition MCDONALD, BARBARA Name: Name: Address: 2930 TURNPIKE DRIVE Address: City-St-Zip: HATBORO, PA 19040 City-St-Zip: Title: ( ) Delete Title: DT (X) Change ( ) Addition SCHAEFFER, BARBARA Name: Name: SCHAEFFER, BARBARA 2930 TURNPIKE DRIVE 2930 TURNPIKE DRIVE Address: Address: City-St-Zip: HATBORO, PA 19040 City-St-Zip: HATBORO, PA 19040 Title: () Delete Title: (X) Change ( ) Addition HEYWARD, LISA M HEYWARD, LISA M Name: Name: 2930 TURNPIKE DRIVE 2930 TURNPIKE DRIVE Address: Address: City-St-Zip: HATBORO, PA 19040 City-St-Zip: HATBORO, PA 19040 Title: () Delete Title: () Change () Addition SWIREN, PATTI Name: Name: Address: 2930 TURNPIKE DRIVE Address: HATBORO, PA 19040 City-St-Zip: 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: JOYCE JESKO CD 03/30/2009