

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003405

FILED
Mar 25, 2009
Secretary of State

Entity Name: FOUNDATION PROPERTY MANAGEMENT, INC.

Current Principal Place of Business:

911 N STUDEBAKER RD
LONG BEACH, CA 908154900

New Principal Place of Business:

Current Mailing Address:

911 N STUDEBAKER RD
LONG BEACH, CA 908154900

New Mailing Address:

FEI Number: 95-3651050 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PD () Delete
Name: SIMINGTON, STEWART M
Address: 911 N STUDEBAKER RD
City-St-Zip: LONG BEACH, CA 908154900

Title: VTD () Delete
Name: MASUDA, TOM S
Address: 911 N STUDEBAKER RD
City-St-Zip: LONG BEACH, CA 908154900

Title: V () Delete
Name: HARTMAN, STUART
Address: 911 N STUDEBAKER RD
City-St-Zip: LONG BEACH, CA 908154900

Title: S () Delete
Name: STOUFF, DEBORAH
Address: 911 STUDEBAKER RD
City-St-Zip: LONG BEACH, CA 908154900

Title: D () Delete
Name: EAST, RAYMOND
Address: 911 N STUDEBAKER RD
City-St-Zip: LONG BEACH, CA 908154900

Title: D () Delete
Name: KAWATA, TERUO
Address: 911 STUDEBAKER RD
City-St-Zip: LONG BEACH, CA 908154900

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:

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: DEBORAH J. STOUFF

Electronic Signature of Signing Officer or Director

SEC

03/25/2009

Date