

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000049

FILED
Jan 13, 2009
Secretary of State

Entity Name: THE BLANKNER SCHOOL FOUNDATION, INC.

Current Principal Place of Business:

2500 S. MILLS AVE.
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 561342
ORLANDO, FL 32856

New Mailing Address:

FEI Number: 59-3631621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUSSELL LAW FIRM, PROFESSIONAL ASSOCIATION
636 WEST YALE STREET
ORLANDO, FL 32804 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: SUBLETTE, BILL
Address: P.O. BOX 561342
City-St-Zip: ORLANDO, FL 32856 US

Title: T () Delete
Name: BAKER, ALDEN
Address: P.O. BOX 561342
City-St-Zip: ORLANDO, FL 32856 US

Title: S () Delete
Name: DAWN, HERRON
Address: P.O. BOX 561342
City-St-Zip: ORLANDO, FL 32856 US

Title: D () Delete
Name: BONNEWITZ, FRANK
Address: P.O. BOX 561342
City-St-Zip: ORLANDO, FL 32856 US

Title: D (X) Delete
Name: FUSSELL, DAVID
Address: P.O. BOX 561342
City-St-Zip: ORLANDO, FL 32856 US

Title: VP (X) Delete
Name: SCHIFFER, STEVE
Address: P.O. BOX 561342
City-St-Zip: ORLANDO, FL 32856 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHIFFER, STEVE
Address: P.O. BOX 561342
City-St-Zip: ORLANDO, FL 32856 US

Title: T (X) Change () Addition
Name: DO-MILLER, KLER
Address: P.O. BOX 561342
City-St-Zip: ORLANDO, FL 32856 US

Title: VP (X) Change () Addition
Name: DAWN, HERRON
Address: P.O. BOX 561342
City-St-Zip: ORLANDO, FL 32856 US

Title: S (X) Change () Addition
Name: CONOLEY PAFFRATH, IVY
Address: P.O. BOX 561342
City-St-Zip: ORLANDO, FL 32856 US

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: STEVE SCHIFFER

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date