

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000192

FILED
Mar 23, 2009
Secretary of State

Entity Name: THE BLIVAS FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1266 FIRST STREET
SUITE 7
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

816 S. OREGON AVENUE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 65-0972304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECKHOFF, TARA B MRS.
816 S. OREGON AVE
TAMPA, FL 33606 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: DP () Delete
Name: BLIVAS, DONALD R
Address: 143 BEACH ROAD
City-St-Zip: SARASOTA, FL 34242

Title: DV () Delete
Name: BLIVAS, CAROL
Address: 143 BEACH ROAD
City-St-Zip: SARASOTA, FL 34242

Title: DST () Delete
Name: BLIVAS-ECKHOFF, TARA
Address: 143 BEACH ROAD
City-St-Zip: SARASOTA, FL 34242

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: TARA BLIVAS ECKHOFF

DST

03/23/2009

Electronic Signature of Signing Officer or Director

Date