2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2008
Secretary of State

DOCUMENT# N00000003066

Entity Name: THE SERINE BONNIST FAMILY FOUNDATION, INC.

Current Principal Place of Business:

20011 SANIBEL VIEW CIRCLE
202
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

PO BOX 3790
JACKSON, WY 83001

New Mailing Address:

FEI Number: 65-1009482 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREY, CLAUDIA
20011 SANIBEL VIEW CIRCLE
202
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

BONNIST, CLAUDIA
20011 SANIBEL VIEW CIRCLE
202
FORT MYERS, FL 33908 US

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: CLAUDIA BONNIST 01/26/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FREY, CLAUDIA
Address: 20011 SANIBEL VIEW CIRCLE #202
City-St-Zip: FORT MYERS, FL 33908

Title: STD ( ) Delete
Name: CORD, VIVIEN
Address: 4 WHIPPORWILL LANE
City-St-Zip: ARMONK, NY 10504

Title: VD ( ) Delete
Name: BONNIST, RANDOLPH
Address: 3 CANFIELD CROSSING
City-St-Zip: NORWALK, CT 06855

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BONNIST, CLAUDIA
Address: 20011 SANIBEL VIEW CIRCLE #202
City-St-Zip: FORT MYERS, FL 33908

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: BONNIST, RANDOLPH
Address: 3 CANFIELD XING
City-St-Zip: NORWALK, CT 06855

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: CLAUDIA BONNIST PD 01/26/2008
Electronic Signature of Signing Officer or Director Date