

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 29, 2009
Secretary of State**

DOCUMENT# N00000003973

Entity Name: ARACHNOIDITIS FOUNDATION, INC.

Current Principal Place of Business:

2213 STERLINGWOOD DRIVE
BIRMINGHAM, AL 35243

New Principal Place of Business:

Current Mailing Address:

2213 STERLINGWOOD DRIVE
BIRMINGHAM, AL 35243

New Mailing Address:

FEI Number: 59-3664471 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WEATHERS, PAM
4460 LEGENDARY DR.
SUITE 100
DESTIN, FL 32541 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALDRETTE, ANTONIO J
Address: 2213 STERLINGWOOD DRIVE
City-St-Zip: BIRMINGHAM, AL 35243

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

Title: VD () Delete
Name: ALDRETTE, VALENTINA
Address: 2213 STERLINGWOOD DRIVE
City-St-Zip: BIRMINGHAM, AL 35243

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

Title: SD () Delete
Name: GHALY, RHAMSIS
Address: 11136 INDIANWORKS DR
City-St-Zip: INDIANHEAD PARK, IL 60525

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: ANTONIO ALDRETE

PD

07/29/2009

Electronic Signature of Signing Officer or Director

_____ Date