

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005630

FILED
Apr 27, 2009
Secretary of State

Entity Name: THE BLACKBURN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

7021 VERDE WAY
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

7021 VERDE WAY
NAPLES, FL 34108

New Mailing Address:

FEI Number: 65-1061984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVATORI & WOOD, P.L.
4001 TAMiami TRAIL NORTH
SUITE 330
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

CRESCENT CAPITAL ADVISORS GROUP INC.
7045 PORTMARNOCK PLACE
LAKEWOOD RANCH, FL 34202 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: KEITH W REEVES

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BLACKBURN, MYRLE A
Address: 7021 VERDE WAY
City-St-Zip: NAPLES, FL 34108

Title: DVPT () Delete
Name: BLACKBURN, ARTHUR H
Address: 7021 VERDE WAY
City-St-Zip: NAPLES, FL 34108

Title: DS (X) Delete
Name: BUCKEL, ROBERT M
Address: 4001 TAMiami TRAIL NORTH, SUITE 330
City-St-Zip: NAPLES, FL 34103

Title: D (X) Delete
Name: REEVES, KEITH
Address: 7045 PORT MARNOK PLACE
City-St-Zip: LAKEWOOD RANCH, FL 34202

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:

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: ARTHUR H BLACKBURN

DVPT

04/27/2009

Electronic Signature of Signing Officer or Director

Date