

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006080

FILED
Mar 05, 2009
Secretary of State

Entity Name: FARRELL FAMILY FOUNDATION, INC.

Current Principal Place of Business:

11522 WELTERS WAY
EDEN PRAIRIE, MN 55347

New Principal Place of Business:

Current Mailing Address:

11522 WELTERS WAY
EDEN PRAIRIE, MN 55347

New Mailing Address:

FEI Number: 59-3671115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARRELL, ALFRED
8900 SW 61 CT
MIAMI, FL 33156 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: D () Delete
Name: FARRELL, FRANK S JR.
Address: 11522 WELTERS WAY
City-St-Zip: EDEN PRAIRIE, MN 55347

Title: D () Delete
Name: FARRELL, ALFRED C
Address: 8900 SW 61 CT
City-St-Zip: PINECREST, FL 33156

Title: D () Delete
Name: RASMUSSEN, MARY J
Address: 231 WEST MAIN STREET
City-St-Zip: WESTBOROUGH, MA 01581

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: FRANK S. FARRELL, JR.

D

03/05/2009

Electronic Signature of Signing Officer or Director

Date