2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000007402

Entity Name: SWS CHARITABLE FOUNDATION, INC.

Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Bu
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1600 NW 163 ST MIAMI, FL 33169

Current Mailing Address: New Mailing Address:

1600 NW 163 ST MIAMI, FL 33169

FEI Number: 65-1054944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HERMAN, ALISON P 2800 PONCE DE LEON BLVD, SUITE 1125 CORAL GABLES, FL 33134

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete CHAPLIN, HARVEY R CHAPLIN, HARVEY R Name: Name:

Address: 1600 NW 163 ST Address: 1600 NW 163 ST City-St-Zip: MIAMI, FL 33169 City-St-Zip: MIAMI, FL 33169 US

Title: Title: (X) Change () Addition () Delete CHAPLIN, WAYNE E Name: Name: CHAPLIN, WAYNE E

Address: 1600 NW 163 ST Address: 1600 NW 163 ST City-St-Zip: MIAMI, FL 33169 City-St-Zip: MIAMI, FL 33169 US

Title: () Delete Title: (X) Change () Addition CHAPLIN, PAUL B CHAPLIN, PAUL B Name: Name:

1600 NW 163 ST 1600 NW 163 ST Address: Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: MIAMI, FL 33169 US

Title: () Delete Title: (X) Change () Addition

BECKER, STEVEN R BECKER, STEVEN R Name: Name: 1600 NW 163RD STREET Address: 1600 NW 163RD STREET Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: MIAMI, FL 33169 US

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: STEVEN R. BECKER D 04/21/2009