

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008330

FILED
Jan 16, 2009
Secretary of State

Entity Name: THE TONER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

5315 EVERWOOD RUN
#2
SARASOTA, FL 34235

New Principal Place of Business:

Current Mailing Address:

5315 EVERWOOD RUN
#2
SARASOTA, FL 34235

New Mailing Address:

FEI Number: 65-1061872 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TONER, JAMES
5315 EVERWOOD RUN
SARASOTA, FL 34235 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: DPT () Delete
Name: TONER, JAMES P
Address: 5315 EVERWOOD RUN
City-St-Zip: SARASOTA, FL 34235

Title: DVS () Delete
Name: TONER, EDNA R
Address: 5315 EVERWOOD RUN
City-St-Zip: SARASOTA, FL 34235

Title: D () Delete
Name: TONER, JEFFREY M
Address: 313 53RD STREET
City-St-Zip: WESTERN SPRINGS, IL 60558

Title: D () Delete
Name: TONER, JAMES JR
Address: 1427 WATERFORD GREEN DRIVE
City-St-Zip: MARIETTA, GA 30068

Title: D () Delete
Name: TONER, ANDREW
Address: 107 BUCKBOARD LANE
City-St-Zip: FAIRFIELD, CT 06430

Title: D () Delete
Name: TONER, CARY
Address: 6 HIGHCROFT LANE
City-St-Zip: MALVERN, PA 19355

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:

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: MICHAEL J STEWART

CPA

01/16/2009

Electronic Signature of Signing Officer or Director

Date