

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00323

FILED
Apr 22, 2009
Secretary of State

Entity Name: BERT AND MARY MEYER FOUNDATION, INC.

Current Principal Place of Business:

1776 PEACHTREE ST., NW
STE 710 S
ATLANTA, GA 30309 US

New Principal Place of Business:

Current Mailing Address:

1776 PEACHTREE ST., NW
STE 710 S
ATLANTA, GA 30309 US

New Mailing Address:

FEI Number: 59-2348082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORENO, TIRSO
915 S. PARK
APOPKA, FL 32703 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: P () Delete
Name: MEYER, BARBARA C
Address: 75 PONCE DE LEON AVE. #902
City-St-Zip: ATLANTA, GA 30309

Title: S () Delete
Name: LEVY, MARY
Address: 28 JUNIPER LN
City-St-Zip: N. HARWICH, MA 02645

Title: T () Delete
Name: MORENO, TIRSO
Address: 915 S. PARK
City-St-Zip: APOPKA, FL 32703

Title: T () Delete
Name: WATSON, KAREN
Address: 524 NEWBRIDGE RD
City-St-Zip: SYLVANIA, GA 30467

Title: T () Delete
Name: JACINTO, TERESITO
Address: 13604 LANGTREE LN
City-St-Zip: WOODBRIDGE, VA 22193

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:

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: HUBERT E. SAPP

ED

04/22/2009

Electronic Signature of Signing Officer or Director

Date