

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00512

FILED
Feb 04, 2009
Secretary of State

Entity Name: TROY FOUNDATION, INC.

Current Principal Place of Business:

3300 NW 27TH AVE.
MIAMI, FL 33142 US

New Principal Place of Business:

Current Mailing Address:

3300 NW 27TH AVE.
MIAMI, FL 33142 US

New Mailing Address:

FEI Number: 59-2357179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSEN, THOMAS K
5770 MILLER RD.
MIAMI, FL 33155 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: PETERSEN, THOMAS K
Address: 5770 MILLER RD
City-St-Zip: MIAMI, FL 33155

Title: ST () Delete
Name: SCHUSTER, JENNIFER
Address: 710 S. LAKE FLORENCE DR
City-St-Zip: WINTER HAVEN, FL 33884 U.

Title: D () Delete
Name: HARCOURT, JOHN
Address: 4207 HWY 290 E
City-St-Zip: DRIPPING SPRINGS, TX 78620

Title: D () Delete
Name: SANCHEZ, M G
Address: 4717 NW 57TH DR
City-St-Zip: GAINESVILLE, FL 32606

Title: D (X) Delete
Name: CRISTWELL, BESSIE
Address: 11560 NW 31ST ST
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D (X) Delete
Name: DEAL, ANGELA
Address: 3775 NW 106TH DR
City-St-Zip: CORAL SPRINGS, FL 33065

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
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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: TOM K.PETERSEN

PRES

02/04/2009

Electronic Signature of Signing Officer or Director

Date