

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003887

FILED
Feb 20, 2009
Secretary of State

Entity Name: SIGHTING THE WORLD FOUNDATION, INC.

Current Principal Place of Business:

23801 MERANO CT,#202
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

23801 MERANO CT,#202
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 65-1007927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIGUEROA, MANNY CPA
308 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134 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: PD () Delete
Name: SWIFT, KATHLEEN
Address: 23801 MERANO CT #202
City-St-Zip: BONITA SPRINGS, FL 34134

Title: V () Delete
Name: KANET, ROGER PH.D
Address: 23801 MERANO CT #202
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD () Delete
Name: WAHLERS, KATHY J PH.D
Address: 23801 MERANO CT #202
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD () Delete
Name: SWIFT, JOHN E MD
Address: 23801 MERANO CT #202
City-St-Zip: BONITA SPRINGS, FL 34134

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:

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: KATHLEEN SWIFT

PD

02/20/2009

Electronic Signature of Signing Officer or Director

Date