

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005147

FILED
Apr 25, 2009
Secretary of State

Entity Name: THE CODE FAMILY FOUNDATION, INC.

Current Principal Place of Business:

10029 ORANGE GROVE DRIVE
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

10029 ORANGE GROVE DRIVE
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-3755157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, JAMES P ESQ.
HINES NORMAN & ASSOCIATES, PL
315 SOUTH HYDE PARK AVENUE
TAMPA, FL 33606 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: D () Delete
Name: CODE, BRAIN EDWARD
Address: 10029 ORANGE GROVE DRIVE
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: PATRICK CODE, KAREN
Address: 10029 ORANGE GROVE DRIVE
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: PATRICK CODE, JORDAN
Address: 10029 ORANGE GROVE DRIVE
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: CODE, WHITNEY BETH
Address: 10029 ORANGE GROVE DRIVE
City-St-Zip: TAMPA, FL 33618

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: BRIAN E. CODE

DIR.

04/25/2009

Electronic Signature of Signing Officer or Director

Date