

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005367

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: LOUIS J. APPIGNANI FOUNDATION, INC.

**Current Principal Place of Business:**

3 GROVE ISLE DRIVE APT. 1409  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3 GROVE ISLE DRIVE APT. 1409  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number: 65-1124881      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FENNELL, LINDA  
2240 WOOLBRIGHT RD STE 300  
BOYNTON BEACH, FL 33426 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: APPIGNANI, LOUIS J  
Address: 3 GROVE ISLE DRIVE APT. 1409  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete  
Name: APPIGNANI, ANDRE LOUIS  
Address: 3 GROVE ISLE DRIVE APT. 1409  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete  
Name: FENNELL, LINDA  
Address: 2240 WOOLBRIGHT ROAD SUITE 300  
City-St-Zip: BOYNTON BEACH, FL 33426

**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:

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: LINDA FENNELL

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date