

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005380

FILED  
Apr 12, 2009  
Secretary of State

Entity Name: COMMUNION FOUNDATION, INC.

**Current Principal Place of Business:**

630 NE 52ND STREET  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

630 NE 52ND STREET  
MIAMI, FL 33137

**New Mailing Address:**

FEI Number: 65-1126737

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOWEN, HUGH M  
1636 NE 17TH TERR  
FORT LAUDERDALE, FL 33305 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: PETERSEN, GLENN  
Address: 630 NE 52ND STREET  
City-St-Zip: MIAMI, FL 33137

Title: PD ( ) Delete  
Name: BOWEN, MURRAY  
Address: 1636 NE 17TH TER  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: SD ( ) Delete  
Name: HICKS, ROGER  
Address: 701 NE 34TH COURT  
City-St-Zip: OAKLAND PARK, FL 33334

Title: TD ( ) Delete  
Name: BOWEN, MURRAY  
Address: 1636 NE 17TH TERRACE  
City-St-Zip: FT LAUDERDALE, FL 33305

Title: D ( ) Delete  
Name: SANZ, CARLOS  
Address: 185 NW 108TH ST  
City-St-Zip: MIAMI, FL 33168

Title: D ( ) Delete  
Name: CLARK, KEVIN  
Address: 2710 DUVAL LANE  
City-St-Zip: FORT LAUDERDALE, FL 33334

**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:

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: PETERSEN, GLENN

D

04/12/2009

Electronic Signature of Signing Officer or Director

Date