

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005996

FILED
Jan 06, 2009
Secretary of State

Entity Name: HAROLD CARNEGIE APISDORF AND JUNE E. APISDORF CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

711 JACARANDO BLVD
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

711 JACARANDO BLVD
VENICE, FL 34292

New Mailing Address:

FEI Number: 65-1132498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

APISDORF, JUNE E
711 JACARANDA BLVD
VENICE, FL 34292 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: APISDORF, JUNE E
Address: 2425 GULF OF MEXICO DRIVE, #13A
City-St-Zip: SARASOTA, FL 34228

Title: VPD () Delete
Name: HUEBNER, THOMAS F
Address: 711 JACARANDO BLVD
City-St-Zip: VENICE, FL 34292

Title: TD () Delete
Name: TUVESON, SANDRA
Address: 4279 OAKHURST CIR
City-St-Zip: SARASOTA, FL 34233

Title: SD () Delete
Name: BAND, GREGORY S
Address: 1680 FRUITVILLE ROAD, STE 105
City-St-Zip: SARASOTA, FL 34236

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: JUNE E. APISDORF

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date