

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N01000006692

Entity Name: THE STILES FAMILY FOUNDATION, INC.

Current Principal Place of Business:

C/O STILES CORPORATION
300 S.E. 2ND STREET, 10TH FLOOR
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

C/O STILES CORPORATION
300 S.E. 2ND STREET, 10TH FLOOR
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 31-1808921 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESPOSITO, ROBERT
STILES CORPORATION
300 SE 2ND STREET
FORT LAUDERDALE, FL 33301 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: P () Delete
Name: STILES, TERRY W
Address: 1115 N. RIO VISTA BLVD
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: SV () Delete
Name: STILES, KENNETH
Address: 2820 NE 26TH ST
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: D () Delete
Name: STILES, HERNANDEZ TL
Address: 2833 NE 38TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D () Delete
Name: STILES TIDWELL, CARRIE
Address: 4313 NE 22ND AVE.
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D (X) Delete
Name: JONES, PATRICIA
Address: 2881 NE 18TH ST.
City-St-Zip: POMPANO BEACH, FL 33062

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:

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: TERRY W. STILES

P

02/03/2009

Electronic Signature of Signing Officer or Director

_____ Date