

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000576

FILED
Apr 17, 2008
Secretary of State

Entity Name: BUENA VIDA FOUNDATION, INC.

Current Principal Place of Business:

2129 W. NEW HAVEN AVENUE
WEST MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

2129 W. NEW HAVEN AVENUE
WEST MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 30-0060190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISHOP, RALPH
2129 W. NEW HAVEN AVENUE
WEST MELBOURNE, FL 32904 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: PRES () Delete
Name: WATTIE, ELEANOR
Address: 2129 W. NEW HAVEN AVENUE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: TRES () Delete
Name: SWICKEY, EDGAR
Address: 2129 W. NEW HAVEN AVENUE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: SEC () Delete
Name: MOYER, PATRICIA
Address: 2129 W. NEW HAVEN AVENUE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D () Delete
Name: BUTLER, JOHN
Address: 2129 W. NEW HAVEN AVENUE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D () Delete
Name: CARTER, JAY
Address: 2129 W. NEW HAVEN AVENUE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D () Delete
Name: SULLIVAN, SHIRLEY
Address: 2129 W. NEW HAVEN AVENUE
City-St-Zip: WEST MELBOURNE, FL 32904

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: ELEANOR WATTIE

PRES

04/17/2008

Electronic Signature of Signing Officer or Director

Date