2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N02000000576

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: RALPH BISHOP CFO 04/20/2009

Electronic Signature of Signing Officer or Director — Date