

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008395

FILED
Mar 23, 2009
Secretary of State

Entity Name: FOURLIN MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

1455 OCEAN DRIVE #1008
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1455 OCEAN DRIVE #1008
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 16-1636622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDEMANN, GEORGE
1455 OCEAN DRIVE
#1008
MIAMI BEACH, FL 33139 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: LINDEMANN, GEORGE
Address: 1455 OCEAN DRIVE #1008
City-St-Zip: MIAMI BEACH, FL 33139

Title: P () Delete
Name: LINDEMANN, HENRY
Address: 1455 OCEAN DRIVE #1008
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: LINDEMANN, STELLA
Address: 1455 OCEAN DRIVE #1008
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: LINDEMANN, ROBERT
Address: 1455 OCEAN DRIVE #1008
City-St-Zip: MIAMI BEACH, FL 33139

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: GEORGE LINDEMANN

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date