2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N02000009077

Entity Name: BLACK DIAMOND FOUNDATION, INC.

Current Principal Place of Business:

2600 WEST BLACK DIAMOND CIRCLE
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

2600 WEST BLACK DIAMOND CIRCLE
LECANTO, FL 34461

New Mailing Address:

FEI Number: 13-4211621 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOENS, BILL
3549 W. BLACK DIAMOND CIRCLE
LECANTO, FL 34461 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:	CD	( ) Delete
Name:	JOENS, BILL	
Address:	3549 W. BLACK DIAMOND CIRCLE	
City-St-Zip:	LECANTO, FL 34461	
Title:	VD	( ) Delete
Name:	MANAFORT, NANCY	
Address:	3644 N. BALTUSROL PATA	
City-St-Zip:	LECANTO, FL 34461	
Title:	D	( ) Delete
Name:	ART, THOMAS	
Address:	2652 N. PAESTWICK WAY	
City-St-Zip:	LECANTO, FL 34461	
Title:	SD	( ) Delete
Name:	YOUELL, LINDA	
Address:	3222 N CAVES VALLEY PATH	
City-St-Zip:	LECANTO, FL 34461	
Title:	D	( ) Delete
Name:	ROSENBERG, SHARRON	
Address:	3240 W. CASTLE PINES LOOP	
City-St-Zip:	LECANTO, FL 34461	
Title:	D	( ) Delete
Name:	WOOD, JIM	
Address:	3905 W. SHADOW CREEK LOOP	
City-St-Zip:	LECANTO, FL 34461	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	MANAFORT, NANCY	
Address:	3644 N. BALTUSROL PATH	
City-St-Zip:	LECANTO, FL 34461	
Title:	TD	(X) Change ( ) Addition
Name:	BRILEY, JAMES W	
Address:	3093 W. BERMUDA DUNES DR.	
City-St-Zip:	LECANTO, FL 34461	
Title:	SD	(X) Change ( ) Addition
Name:	YOUELL, LINDA	
Address:	3222 N. CAVES VALLEY PATH	
City-St-Zip:	LECANTO, FL 34461	
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: JAMES W. BRILEY TD 02/03/2009

Electronic Signature of Signing Officer or Director — Date