

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009792

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** IN THE TWINKLING OF AN EYE FOUNDATION, INC.

**Current Principal Place of Business:**

1916 HIGHVIEW DRIVE  
PALM HARBOR, FL 34683 US

**New Principal Place of Business:**

**Current Mailing Address:**

1916 HIGHVIEW DRIVE  
PALM HARBOR, FL 34683 US

**New Mailing Address:**

**FEI Number:** 55-0812056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VONDRUSKA, MONICA  
27911 CROWN LAKE BLVD.  
SUITE 201  
BONITA SPRINGS, FL 34135 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: DP ( ) Delete  
Name: RINEHART, LORI A  
Address: 1916 HIGHVIEW DRIVE  
City-St-Zip: PALM HARBOR, FL 34683 US

Title: DT ( ) Delete  
Name: VONDRUSKA, MONICA V ESQ  
Address: 27911 CROWN LAKE BLVD.  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: DVP ( ) Delete  
Name: RINEHART, DANIEL W  
Address: 1916 HIGHVIEW DRIVE  
City-St-Zip: PALM HARBOR, FL 34683 US

Title: D ( ) Delete  
Name: RYCZEK, MARK G AIA  
Address: 17920 GULF BLVD., # 1005  
City-St-Zip: REDINGTON SHORES, FL 33708

Title: D ( ) Delete  
Name: PATRICK, MAUREEN E LMT  
Address: 14099 BELCHER ROAD SOUTH, LOT 1085  
City-St-Zip: LARGO, FL 33771 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: VONDRUSKA, MONICA V ESQ  
Address: 27911 CROWN LAKE BLVD.  
City-St-Zip: BONITA SPRINGS, FL 34135 US

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: A. LORI RINEHART

PRES

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date