2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000097

FILED Apr 28, 2009 Secretary of State

Entity Name: THE BETTY AND MARIE HEALY FAMILY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR ONE SOUTH SCHOOL AVENUE

SARASOTA, FL 34236 SUITE 500

SARASOTA, FL 34237

Current Mailing Address: New Mailing Address:

P.O. BOX 49948 ONE SOUTH SCHOOL AVENUE

SUITE 500

SARASOTA, FL 34237

FEI Number: 42-1566848 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BAND, DAVID S BAND, DAVID S

240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR ONE SOUTH SCHOOL AVENUE

SARASOTA, FL 34236 US SUITE 500 SARASOTA, FL 34237 US

5ARA501A, FL 34237 U

in the State of Florida.

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: DAVID S. BAND 04/28/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

SARASOTA, FL 342306948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PDT (X) Change () Addition

Name: BAND, DAVID S Name: BAND, DAVID S

Address: 240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR Address: 1 S. SCHOOL AVE., STE. 500

City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34237

Title: STD () Delete Title: DS (X) Change () Addition

 Name:
 SCHEMBRI, JENIFER S
 Name:
 LANDSMAN, GARY

 Address:
 240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR
 Address:
 1991 MAIN ST., BOX 183

 City-St-Zip:
 SARASOTA, FL 34236
 City-St-Zip:
 SARASOTA, FL 34236

Title: VD () Delete Title: DV (X) Change () Addition

Name: HANAN, BENJÁMIN R Name: BAND, GREGÓRY S

Address: 240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR Address: 1 SOUTH SCHOOL AVE., STE. 500

City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34237

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: DAVID S. BAND P 04/28/2009