

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002168

FILED
Jan 08, 2009
Secretary of State

Entity Name: PAMPHALON FOUNDATION, INC.

Current Principal Place of Business:

1726 NW 6 AVE
GAINESVILLE, FL 32603

New Principal Place of Business:

Current Mailing Address:

PO BOX 13826
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 14-1876459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUMMEL, ROLF E
1726 NW 6 AVE
GAINESVILLE, FL 32603 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: HUMMEL, ROLF E DR
Address: 1726 NW 6 AVE
City-St-Zip: GAINESVILLE, FL 32603

Title: DV () Delete
Name: MAICO, DANIEL DR
Address: 7409 NW 20 PACE
City-St-Zip: GAINESVILLE, FL 32605

Title: DST () Delete
Name: HUMMEL, WALTRAUD E
Address: 1726 NW 6 AVE
City-St-Zip: GAINESVILLE, FL 32603

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:

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: ROLF E. HUMMEL

PRES

01/08/2009

Electronic Signature of Signing Officer or Director

Date