

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003017

FILED
Mar 20, 2009
Secretary of State

Entity Name: BOCA GRANDE HEALTH CLINIC FOUNDATION, INC.

Current Principal Place of Business:

280 PARK AVENUE
BOCA GRANDE, FL 33921

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2340
BOCA GRANDE, FL 33921

New Mailing Address:

FEI Number: 57-1160149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMIANO, MARY ANNE
280 PARK AVE
BOCA GRANDE, FL 33921 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: O () Delete
Name: DACEY, MICHAEL F
Address: 459 BLUE TEAL DR
City-St-Zip: BOCA GRANDE, FL 33921

Title: O () Delete
Name: JEFFS, THOMAS H
Address: 1607 JEAN LAFITTE
City-St-Zip: BOCA GRANDE, FL 33921

Title: O () Delete
Name: SELLERS, NANCY
Address: 1716 JOSE GASPAS DRIVE
City-St-Zip: BOCA GRANDE, FL 33921

Title: D () Delete
Name: DOMIANO, MARY ANNE
Address: 330 PALM AVE
City-St-Zip: BOCA GRANDE, FL 33921

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: MARY ANNE DOMIANO

DIR

03/20/2009

Electronic Signature of Signing Officer or Director

Date