

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003190

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: THE DONNA FOUNDATION, INC.

## Current Principal Place of Business:

1015 ATLANTIC BOULEVARD  
SUITE 144  
ATLANTIC BEACH, FL 32233

## New Principal Place of Business:

## Current Mailing Address:

1015 ATLANTIC BOULEVARD  
SUITE 144  
ATLANTIC BEACH, FL 32233

## New Mailing Address:

FEI Number: 57-1163099

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TERRAZZANO, JULIE  
1015 ATLANTIC BLVD  
SUITE 144  
ATLANTIC BEACH, FL 32233 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: P, D ( ) Delete  
Name: DEEGAN, DONNA  
Address: 1015 ATLANTIC BOULEVARD, SUITE 144  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D ( ) Delete  
Name: STAINES, PHYLLIS  
Address: 13302 EGRETS GLADE CT  
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete  
Name: TERRAZZANO, JULIE  
Address: 2135 INTRACOASTAL SOUND DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete  
Name: COLE, ANDREA G  
Address: 13762 WINDSOR CROWN COURT WEST  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: BEALE, CELESTE R  
Address: 4300 MARSH LANDING BLVD., #201  
City-St-Zip: JACKSONVILLE BCH, FL 32250

Title: D ( ) Delete  
Name: PEREZ, EDITH  
Address: 694 PONTE VEDRA BLVD.  
City-St-Zip: PONTE VEDRA BCH, FL 32082

## 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: TREA (X) Change ( ) Addition  
Name: SLAPPEY, SUSAN P  
Address: 2103 ATLANTIC  
City-St-Zip: JACKSONVILLE, FL 32207

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: SUSAN P SLAPPEY

TREA

04/15/2009

Electronic Signature of Signing Officer or Director

Date