

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003190

FILED
Feb 27, 2011
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
Name: DEEGAN, DONNA
Address: 1015 ATLANTIC BOULEVARD, SUITE 144
City-St-Zip: ATLANTIC BEACH, FL 32233

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

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

Title: TREA
Name: SLAPPEY, SUSAN P
Address: 2103 ATLANTIC
City-St-Zip: JACKSONVILLE, FL 32207

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

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

I hereby 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 all other like empowered.

SIGNATURE: SUSAN P SLAPPEY

TREA

02/27/2011

Electronic Signature of Signing Officer or Director

_____ Date