

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005373

FILED  
Jan 09, 2009  
Secretary of State

**Entity Name:** FUNDERS' NETWORK FOR SMART GROWTH AND LIVABLE COMMUNITIES, INC.

**Current Principal Place of Business:**

1500 SAN REMO AVE.  
249  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

1500 SAN REMO AVE.  
249  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 57-1173613

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STARRETT, L. BENJAMIN  
1500 SAN REMO AVE., STE 249  
CORAL GABLES, FL 33146 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: PCEO ( ) Delete  
Name: STARRETT, L. BENJAMIN  
Address: 1500 SAN RENO AVE., STE 249  
City-St-Zip: CORAL GABLES, FL 33146

Title: C ( ) Delete  
Name: RODRIGUEZ, ARLENE  
Address: 225 BUSH STREET  
City-St-Zip: SAN FRANCISCO, CA 941044224

Title: F ( ) Delete  
Name: BARTHOLOMAY, DAN  
Address: 710 SECOND STREET SOUTH, STE 400  
City-St-Zip: MINNEAPOLIS, MN 55401

Title: D ( ) Delete  
Name: MURPHY, KEVIN  
Address: 501 WASHINGTON ST., STE 801  
City-St-Zip: READING, PA 196030212

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: C (X) Change ( ) Addition  
Name: MURPHY, KEVIN K  
Address: 128 CROSS KEY RD  
City-St-Zip: BERNVILLE, PA 19506

Title: F (X) Change ( ) Addition  
Name: CONNELLY, MARGARET G  
Address: 3562 COLD SPRING LN  
City-St-Zip: CHAMBLEE, GA 303412054

Title: D (X) Change ( ) Addition  
Name: FISHMAN, NANCY  
Address: 2722 W AGATITE AVENUE  
City-St-Zip: CHICAGO, IL 60625

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: L. BENJAMIN STARRETT

PCEO

01/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date