

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009393

FILED
Apr 27, 2009
Secretary of State

Entity Name: THE LILLIAN RYAN BURN FOUNDATION, INC.

Current Principal Place of Business:

20 ISLAND AVE SUITE 1410
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

20 ISLAND AVE SUITE 1410
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 20-0234028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEAS, BRYAN
20 ISLAND AVE SUITE 1410
MIAMI BEACH, FL 33139 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 () Delete
Name: RYAN, LILLIAN
Address: 20 ISLAND AVE SUITE 1410
City-St-Zip: MIAMI BEACH, FL 33139

Title: VT () Delete
Name: LEAS, BRYAN
Address: 20 ISLAND AVE SUITE 1410
City-St-Zip: MIAMI BEACH, FL 33139

Title: S () Delete
Name: CASSIDY, GRETCHEN
Address: 2535 SUNSET DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: DE PALO, ARDALA
Address: 2190 NW 99 STREET
City-St-Zip: SUNRISE, FL 33322

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: BRYAN LEAS

VT

04/27/2009

Electronic Signature of Signing Officer or Director

Date