

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009535

FILED
Sep 02, 2009
Secretary of State

Entity Name: KATIA SOLOMON FOUNDATION, INC.

Current Principal Place of Business:

14102 EASTLAND LANE
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

KATIA SOLOMON FOUNDATION INC.
P.O. BOX 22375
TAMPA, FL 33622

New Mailing Address:

FEI Number: 90-0120182 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LUNSFORD, BRYAN PRES
502 COVINGTON PARK ST
SEFFNER, FL 33584 US

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: DIR () Delete
Name: SOLOMON, MYRON
Address: 14102 EASTLAND LN
City-St-Zip: TAMPA, FL 33625

Title: TRS () Delete
Name: CHAVES, PATRICIA
Address: 8234 VASSAR CIRCLE
City-St-Zip: TAMPA, FL 33634

Title: VP () Delete
Name: PENNA, VICTOR
Address: 2519 EDGEWATER RD
City-St-Zip: TAMPA, FL 33606

Title: PRES () Delete
Name: LUNSFORD, BRYAN
Address: 502 COVINGTON PARK ST
City-St-Zip: SEFFNER, FL 33584

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: MYRON SOLOMON

DIR

09/02/2009

Electronic Signature of Signing Officer or Director

Date