2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N03000011115

Entity Name: BOB AND HEIDE OLIVER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

9501 SW 61 CT
PINE CREST, FL 33156

New Principal Place of Business:

9501 SW 61 CT
PINECREST, FL 33156

Current Mailing Address:

9501 SW 61 CT
PINE CREST, FL 33156

New Mailing Address:

9501 SW 61 CT
PINECREST, FL 33156

FEI Number: 20-0527386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVER, ROBERT M
9501 SOUTHWEST 61 COURT
PINECREST, FL 33156 US

Name and Address of New Registered Agent:

OLIVER, ROBERT M III
9501 SOUTHWEST 61 COURT
PINECREST, FL 33156 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: ROBERT M. OLIVER, III 03/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: OLIVER, ROBERT M III
Address: 9501 SW 61 CT
City-St-Zip: PINE CREST, FL 33156

Title: ST ( ) Delete
Name: OLIVER, HEIDE N
Address: 9501 SW 61 CT
City-St-Zip: PINECREST, FL 33156

Title: D ( ) Delete
Name: RAATTAMA, HENRY H JR
Address: ONE SE THIRD AVE., 28TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete
Name: OLIVER, STEPHEN R
Address: 3909 ROOSEVELT STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: OLIVER, HANCE H MD
Address: 1709 DEVINE STREET
City-St-Zip: COLUMBIA, SC 29201

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: D (X) Change ( ) Addition
Name: OLIVER, STEPHEN R ESQ
Address: 3909 ROOSEVELT STREET
City-St-Zip: HOLLYWOOD, FL 33021

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: ROBERT M. OLIVER, III PD 03/16/2009
Electronic Signature of Signing Officer or Director Date