2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000818

Title:

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2001 SAILFISH PT BLVD, APT #316

BOOTH, KATHERINE

STUART, FL 34996

Entity Name: BOOTH FOUNDATION, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4224 FAWN MEADOWS CIRCLE CLERMONT, FL 34711 **Current Mailing Address: New Mailing Address:** 4224 FAWN MEADOWS CIRCLE CLERMONT, FL 34711 FEI Number: 20-0667161 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRAUN, KEITH B 222 LAKEVIEW AVE STE 950 W PALM BCH, FL 33401 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete () Change () Addition BOOTH, ALEX E Name: Name: 2001 SAILFISH PT BLVD Address: Address: City-St-Zip: STUART, FL 34996 City-St-Zip: Title: VP/T Title: TREA () Delete (X) Change () Addition HALL, DAWN F Name: HALL, DAWN F Name: Address: 4224 FAWN MEADOWS CIRCLE Address: 4224 FAWN MEADOWS CIRCLE City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: () Change () Addition PRINZ, BETH TEARDO Name: Name: 815 COLORADO AVENUE, SUITE 103 Address: Address: City-St-Zip: STUART, FL 34995 City-St-Zip: Title: DIR () Delete Title: () Change () Addition FORREST, CHAROLLET B Name: Name: 123 TAMARISK WAY Address: Address: City-St-Zip: LEESBURG, FL 34748 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.

Title:

Name:

Address:

City-St-Zip:

VΡ

BOOTH, KATHERINE

STUART, FL 34996

(X) Change () Addition

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SIGNATURE: DAWN F. HALL TREA 04/22/2009