2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N04000003080

Entity Name: HORN OF PLENTY ENRICHMENT FOUNDATION, INC.

Current Principal Place of Business:

160 INTERNATIONAL PARKWAY
SUITE 150
HEATHROW, FL 32746

New Principal Place of Business:

Current Mailing Address:

160 INTERNATIONAL PARKWAY
SUITE 150
HEATHROW, FL 32746

New Mailing Address:

FEI Number: 20-1089273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WRIGHT, EVE ATTY
160 INTERNATIONAL PARKWAY
SUITE 150
HEATHROW, FL 32746 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:	BUFORD, CARL	
Address:	160 INTERNATIONAL PARKWAY - STE 150	
City-St-Zip:	HEATHROW, FL 32746	
Title:	VP	( ) Delete
Name:	BUFORD, CAROL A	
Address:	160 INTERNATIONAL PARKWAY - STE 150	
City-St-Zip:	HEATHROW, FL 32746	
Title:	S	( ) Delete
Name:	BUFORD, CARRIELLE	
Address:	160 INTERNATIONAL PARKWAY - STE 150	
City-St-Zip:	HEATHROW, FL 32746	
Title:	VP	( ) Delete
Name:	BUFORD, CARRALYCE A	
Address:	160 INTERNATIONAL PARKWAY - STE 150	
City-St-Zip:	HEATHROW, FL 32746	
Title:	O	( ) Delete
Name:	BUFORD, CARL A	
Address:	160 INTERNATIONAL PARKWAY - STE 150	
City-St-Zip:	HEATHROW, FL 32746	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	DAVIDSON, CARRIELLE A	
Address:	160 INTERNATIONAL PARKWAY - STE 150	
City-St-Zip:	HEATHROW, FL 32746	
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: CAROL A.J. BUFORD VP 04/29/2009

Electronic Signature of Signing Officer or Director — Date