

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003123

FILED
Mar 29, 2009
Secretary of State

Entity Name: HART FAMILY FOUNDATION, INC.

Current Principal Place of Business:

4270 SW TISTLE TERR
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

4270 SW TISTLE TERR
PALM CITY, FL 34990 US

New Mailing Address:

FEI Number: 03-0470682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, KENNETH M
1333 S UNIVERSITY DR STE 201
FORT LAUDERDALE, FL 33324 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: D () Delete
Name: BROWN, PAMELA H
Address: 100 FERNWOOD CIR
City-St-Zip: DAYTONA BEACH, FL 321141132

Title: VPD () Delete
Name: HART, GERALD A
Address: 4270 THISTLE TERR
City-St-Zip: PALM CITY, FL 34990

Title: PDS () Delete
Name: MATHER, RICHARD
Address: 4034 SW LENEAGLES CIR
City-St-Zip: PALM CITY, FL

Title: D () Delete
Name: DOMENICO, JOHN
Address: 8144 SWANS WAY
City-St-Zip: WEST PALM BCH GARDENS, FL

Title: D () Delete
Name: KLEIN, LINK
Address: 400 N FLAGLER DR PH-C4
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: JONES, KENNETH M
Address: 1333 S UNIVERSITY DR STE 201
City-St-Zip: FORT LAUDERDALE, FL 33324

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
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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: PAMELA H. BROWN

DIR

03/29/2009

Electronic Signature of Signing Officer or Director

Date