

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003571

FILED
Jan 15, 2009
Secretary of State

Entity Name: FOUNDATION OF COURAGE, INC.

Current Principal Place of Business:

28375 OPENFIELD LOOP
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

Current Mailing Address:

28375 OPENFIELD LOOP
WESLEY CHAPEL, FL 335435706

New Mailing Address:

FEI Number: 54-2149834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUMKE, NICOLE
5430 PINEBARK LN
WESLEY CHAPEL, FL 33543 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: PEASE, MICHAEL
Address: 39713 BIRDS EYE DR
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: V () Delete
Name: BENNETT, JOHN
Address: P.O.BOX 254
City-St-Zip: VALRICO, FL 33543

Title: V () Delete
Name: DUMKE, NICOLE
Address: 5430 PINEBARK LN
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: ST () Delete
Name: RYAN, CHERYL
Address: 28375 OPENFIELD LOOP
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: VT (X) Change () Addition
Name: RYAN, CHERYL
Address: 28375 OPENFIELD LOOP
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: S () Change (X) Addition
Name: BROCK, LIANA L
Address: 3007 FAIR LOOKS AVE
City-St-Zip: TAMPA, FL 33611

Title: D () Change (X) Addition
Name: LUFKIN, JEANNE
Address: GLADE FERN CT
City-St-Zip: WESLEY CHAPEL, FL 33543

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: CHERYL RYAN

VT

01/15/2009

Electronic Signature of Signing Officer or Director

Date