2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N04000004277

Entity Name: GARY PETERS FAMILY FOUNDATION, INC.

Current Principal Place of Business:

6700 BROKEN SOUND PARKWAY
SUITE 203
BOCA RATON, FL 33487

New Principal Place of Business:

6001 BROKEN SOUND PARKWAY
SUITE 402
BOCA RATON, FL 33487

Current Mailing Address:

6013 LE LAC RD
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 20-1067444 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETERS, GARY PRES
6013 LE LAC RD
BOCA RATON, FL 33496 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: PETERS, GARY PRES
Address: 6013 LE LAC RD
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete
Name: PETERS, CECILIA M
Address: 6013 LE LAC RD
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete
Name: PETERS, WILLIAM G V.P.
Address: 2061 NW 25TH ST
City-St-Zip: BOCA RATON, FL 33431

Title: D ( ) Delete
Name: SIMMONS, JENNIFER
Address: 1859 WILDWOOD LN N
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D ( ) Delete
Name: PETERS, STEVEN MARK
Address: 12336 NW 48TH SR
City-St-Zip: CORAL SPRINGS, FL 33076

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
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: GARY PETERS PRES 04/06/2009
Electronic Signature of Signing Officer or Director — Date