

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005014

**FILED**  
**Jan 26, 2011**  
**Secretary of State**

**Entity Name:** SEA CHANGE FOUNDATION, INC.

**Current Principal Place of Business:**

5600 S.E. WINGED FOOT DRIVE  
STUART, FL 34997

**New Principal Place of Business:**

5685 S.E. WINGED FOOT DRIVE  
STUART, FL 34997

**Current Mailing Address:**

5600 S.E. WINGED FOOT DRIVE  
STUART, FL 34997

**New Mailing Address:**

5685 S.E. WINGED FOOT DRIVE  
STUART, FL 34997

**FEI Number:** 65-1064174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITE, THOMAS W  
5600 S.E. WINGED FOOT DRIVE  
STUART, FL 34997 US

**Name and Address of New Registered Agent:**

WHITE, THOMAS W  
5685 S.E. WINGED FOOT DRIVE  
STUART, FL 34997 US

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:**

01/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** WHITE, THOMAS W  
**Address:** 5685 S.E. WINGED FOOT DRIVE  
**City-St-Zip:** STUART, FL 34997

**Title:** D  
**Name:** BOLAND, KATHLEEN A  
**Address:** 5685 S.E. WINGED FOOT DRIVE  
**City-St-Zip:** STUART, FL 34997

**Title:** D  
**Name:** PHILIPSON, RICHARD  
**Address:** 8601 GEORGIA AVE  
**City-St-Zip:** SILVER SPRING, MD 20910

I hereby 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 all other like empowered.

**SIGNATURE:** THOMAS W. WHITE

D

01/26/2011

Electronic Signature of Signing Officer or Director

Date