2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005504

MERCURIO, JÓSEPH

SARASOTA, FL 34238

3743 CASTELLON COURT

Name:

Address: City-St-Zip: THE FIELD OLL IR FOLINDATION, INC.

FILED Jan 22, 2008 Secretary of State

Entity Na	me: IHEFIEI	LD CLUB FOUNDATION, INC.		
Current Principal Place of Business:			New Principal Place of Business:	
1400 FIEL SARASOT	D RD ⁻ A, FL 342312	302		
Current Mailing Address:			New Mailing Address:	
1400 FIEL SARASOT	D RD A, FL 342312	302		
FEI Number: 56-2389315 FEI Number Applied For ()		FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
800 S OŚF SARASOT The above	T RAYMOND PREY AVE A, FL 34236 a named entity e of Florida.	US submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
SIGNATUI	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP (CROWELL, HO 3970 PRAIRIE SARASOTA, FI	DUNES DR	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DT (SUPLEE, T RA 800 S OSPRE' SARASOTA, FI	/ AVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DS (RUTLEDGE, JA 771 MANGRON SARAOTA, FL	E POINT RD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (SHEA, NORMA 1420 S LAKES SARASOTA, FI	HORE DR	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	D (X) Delete	Title:	() Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: T RAYMOND SUPLEE DS 01/22/2008