

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006757

FILED
Jan 28, 2009
Secretary of State

Entity Name: THE GAGNON ART FOUNDATION, INC.

Current Principal Place of Business:

1844 N. NOB HILL RD.
#226
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

1844 N. NOB HILL RD.
#226
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 20-1408468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEBERARDINIS, FERDINAND
9000 W SAMPLE RD STE 300
POMPANO BEACH, FL 33065 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: PD () Delete
Name: GAGNON, MARC
Address: 9369 SHERIDAN ST 409
City-St-Zip: HOLLYWOOD, FL 33024

Title: DFO () Delete
Name: KEYVAN, JUBIN
Address: 10211 W. SAMPLE RD. #211
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DV () Delete
Name: PALMA, JOSEPH
Address: 128 LAKE STREET
City-St-Zip: BROOKLYN, NY 11223

Title: DT () Delete
Name: TYMAN, STEVEN J CPA
Address: 3275 W HILLSBORO BLVD 312
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: GAINES, JOANNE
Address: 5599 S. UNIVERSITY DR.
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: ESCOBAR, NOEL
Address: 4420 S.W. 77TH AVE.
City-St-Zip: DAVIE, FL 33328

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: MARC GAGNON

PRES

01/28/2009

Electronic Signature of Signing Officer or Director

Date