# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 08, 2009**
**Secretary of State**

DOCUMENT# N04000009870

**Entity Name:** BARTON AND SHIRLEY WEISMAN FOUNDATION, INC.

**Current Principal Place of Business:**

17603 LAKE ESTATES DR
BOCA RATON, FL 33496

**New Principal Place of Business:**

**Current Mailing Address:**

17603 LAKE ESTATES DR
BOCA RATON, FL 33496

**New Mailing Address:**

**FEI Number: 58-2684069** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

WEISMAN, SHIRLEY D
800 CORPORATE DR SUITE 510
FT LAUDERDALE, FL 33334 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: WEISMAN, BARTON
Address: 17603 LAKE ESTATES DR
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete
Name: WEISMAN, SHIRLEY
Address: 17603 LAKE ESTATES DR
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete
Name: WEISMAN, ANDREW
Address: 7650 NW 47TH DR
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete
Name: LANGLEY, MARCIA
Address: 17048 CASLEBAY CT
City-St-Zip: BOCA RATON, FL 33496

**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:

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: SHIRLEY D. WEISMAN D 01/08/2009

Electronic Signature of Signing Officer or Director — Date