

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010451

FILED
Mar 05, 2009
Secretary of State

Entity Name: VISITAGE FOUNDATION, INC.

Current Principal Place of Business:

4934 14TH AVE., NORTH
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

4934 14TH AVE., NORTH
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 32-0131980 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEYER, DAVID A
C/O DLA PIPER US LLP
100 NORTH TAMPA STREET, SUITE 2200
TAMPA, FL 33602 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: WELTY, DONNA R
Address: 700 ATWOOD AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 337026715

Title: D () Delete
Name: TONNING, LINDA A
Address: 700 ATWOOD AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 337026715

Title: D () Delete
Name: MARSHALL, SAVILLA K
Address: 1519 DINNERBELL LANE
City-St-Zip: DUNEDIN, FL 33698

Title: PD () Delete
Name: LEHRFELD, JOANNE
Address: 4934 14TH AVE., NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

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: JOANNE LEHRFELD

PD

03/05/2009

Electronic Signature of Signing Officer or Director

Date