

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012028

FILED
Apr 16, 2009
Secretary of State

Entity Name: THE BISK FAMILY FOUNDATION, INC.

Current Principal Place of Business:

9417 PRINCESS PALM AVE
SUITE 400
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

9417 PRINCESS PALM AVE
SUITE 400
TAMPA, FL 33619

New Mailing Address:

FEI Number: 26-1396623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISK, ALISON L
9417 PRINCESS PALM AVE
SUITE 400
TAMPA, FL 33619 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: BISK, NATHAN M
Address: 9417 PRINCESS PALM AVENUE
City-St-Zip: TAMPA, FL 336198313

Title: D () Delete
Name: BISK, BARBARA
Address: 9417 PRINCESS PALM AVENUE
City-St-Zip: TAMPA, FL 336198313

Title: D () Delete
Name: BISK, ALISON L
Address: 9417 PRINCESS PALM AVENUE
City-St-Zip: TAMPA, FL 336198313

Title: D () Delete
Name: BISK, MICHAEL
Address: 9417 PRINCESS PALM AVENUE
City-St-Zip: TAMPA, FL 336198313

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: NATHAN M. BISK

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date