

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001758

FILED
Jan 28, 2009
Secretary of State

Entity Name: MAYOR'S FUND FOUNDATION, INC.

Current Principal Place of Business:

4801 WEST COLONIAL DRIVE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

4801 WEST COLONIAL DRIVE
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 20-2849747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUEDMEYER, MATTHEW
4801 W COLONIAL DR
ORLANDO, FL 32808 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: DC () Delete
Name: LANG, THOMAS F
Address: 816 S SUMMERLIN AVE
City-St-Zip: ORLANDO, FL 32806

Title: DV () Delete
Name: FAJARDO, JOSE
Address: 11510 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: ANDERSON, NICK
Address: 8701 MAITLAND SUMMIT BLVD
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: THOMAS, PINKLON
Address: 8651 ALEXANDRIA HARBOUR PLACE
City-St-Zip: ORLANDO, FL 32829

Title: DT () Delete
Name: BENTON, JACKIE
Address: PO BOX 196078
City-St-Zip: WINTER SPRINGS, FL 32719

Title: () Delete
Name:
Address:
City-St-Zip:

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: DS (X) Change () Addition
Name: THOMAS, PINKLON
Address: 8651 ALEXANDRIA HARBOUR PLACE
City-St-Zip: ORLANDO, FL 32829

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MCCALL, MERCEDES F
Address: 2 S. ORANGE AVE., SUITE 600
City-St-Zip: ORLANDO, FL 32801

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: TOM LANG

DC

01/28/2009

Electronic Signature of Signing Officer or Director

Date