2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003495

FILED Jan 16, 2009 Secretary of State

Entity Name: VERONICA'S MEMORIAL FUND, INC. Current Principal Place of Business: 11277 SEAGRASS CIRCLE BOCA RATON, FL 33498 Current Mailing Address: 11277 SEAGRASS CIRCLE BOCA RATON, FL 33498 FEI Number: 20-2625257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: MEYERS, TERRI ESQ. KLUGER PERETZ KAPLAN & BERLIN, P.L. 2015. BISCAYNE BLVD. STE 1700 MIAMI, FL 33131 US 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 OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: PRES () Delete Name: ROSENFELD, ARDEN AGRIESS: City-St-Zip: Title: SECR () Delete Name: WELLEK, LIZ Name: Name: WELLEK, LIZ Name: Name	DOCON	ILIVI# NOC	0000003495		Secretary of State	
Current Mailing Address: New Mailing Address: 11277 SEAGRASS CIRCLE BOCA RATON, FL 33498 FEI Number: 20-2625257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MEYERS, TERRI ESQ. KLUGER PERETIZ KAPLAN & BERLIN, P.L. 201 S. BISCAYNE BLVD STE 1700 MIAMI, FL 33131 US 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 OFFICERS AND DIRECTORS: Title: PRES () Delete Name: ROSENFELD, ARDEN Name: ROSENFELD, ARDEN Name: ROSENFELD, ARDEN Name: WELLEK, LIZ Address: 11277 SEAGRASS CIRCLE City-St-Zip: HiGHLAND PARK, IL 60035 Title: SECR () Delete Name: WELLEK, LIZ Name: Na	Entity Nai	me: VERONI	CA'S MEMORIAL FUND, INC.			
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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: TERRI MEYERS D 01/16/2009