

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008345

FILED  
Jan 13, 2009  
Secretary of State

**Entity Name:** NICHOLAS ANDRONICOS CASSAS CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

P.O. BOX 8044  
CORAL SPRINGS, FL 33075

**New Principal Place of Business:**

6512 NW 53RD DRIVE  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

P.O. BOX 8044  
CORAL SPRINGS, FL 33075

**New Mailing Address:**

6512 NW 53RD DRIVE  
CORAL SPRINGS, FL 33067

**FEI Number:** 20-3311393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASSAS, NICHOLAS A  
6464 NW 56TH DRIVE  
CORAL SPRINGS, FL 33067 US

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

CASSAS, NICHOLAS A  
6512 NW 53RD DRIVE  
CORAL SPRINGS, FL 33067 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: NICHOLAS A. CASSAS

01/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CASSAS, NICHOLAS A  
Address: 6464 NW 56TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete  
Name: LYNCH, KRISTEN M  
Address: 8362 DYNASTY DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: D ( ) Delete  
Name: LONG, THOMAS  
Address: 1511 SW 1TH AVENUE  
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete  
Name: CHAPEKIS, GEORGE  
Address: 17689 PINE NEEDLE TERRACE  
City-St-Zip: BOCA RATON, FL 33487

Title: D ( ) Delete  
Name: CASSAS, ANDREW N  
Address: 900 LINTON BLVD STE 202  
City-St-Zip: DELRAY BEACH, FL 33444

Title: D ( ) Delete  
Name: CASSAS SWANK, STEPHANIE N  
Address: 1381 OAKS BLVD.  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CASSAS, NICHOLAS A  
Address: 6512 NW 53RD DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

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:

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: NICHOLAS A. CASSAS

D

01/13/2009

Electronic Signature of Signing Officer or Director

Date