2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N05000008627

Entity Name: MORIKAMI PARK IB FOUNDATION, INC.

Current Principal Place of Business:

6201 MORIKAMI PARK RD.
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

6201 MORIKAMI PARK RD.
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 20-3825796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHULMAN, STEVEN H
2101 NW CORPORATE BLVD
SUITE 300
BOCA RATON, FL 33431 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: SHULMAN, STEVEN H
Address: 6201 MORIKAMI PARK RD
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete
Name: FRONSTIN, GUY
Address: 6201 MORIKAMI PARK RD
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete
Name: MURPHY, MAUREEN
Address: 6201 MORIKAMI PARK RD
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete
Name: DRESSER, SANDY
Address: 6201 MORIKAMI PARK RD
City-St-Zip: DELRAY BEACH, FL 33484

Title: D (X) Delete
Name: ANDREWS, CHRIS
Address: 6201 MORKIKAMI PARK ROAD
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: BLAIR, LAURENCE
Address: 6201 MORIKAMI PARK RD
City-St-Zip: DELRAY BEACH, FL 33484

Title: D (X) Change ( ) Addition
Name: SANFILIPPO, NANCY
Address: 6201 MORIKAMI PARK RD
City-St-Zip: DELRAY BEACH, FL 33484

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: STEVEN H SHULMAN PRES 04/01/2009

Electronic Signature of Signing Officer or Director — Date