2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2008
Secretary of State

DOCUMENT# N05000008650

Entity Name: THE ELENA TRESH FOUNDATION, INC.

Current Principal Place of Business:

655 5TH AVENUE NORTH
SAFETY HARBOR, FL 34695

New Principal Place of Business:

108 4TH AVENUE SOUTH
SAFETY HARBOR, FL 34695

Current Mailing Address:

655 5TH AVENUE NORTH
SAFETY HARBOR, FL 34695

New Mailing Address:

108 4TH AVENUE SOUTH
SAFETY HARBOR, FL 34695

FEI Number: 30-0427049 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TRESH, JAMES
655 5TH AVENUE NORTH
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

TRESH, JENNIFER
2185 BOW LANE
SAFETY HARBOR, FL 34695 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: JENNIFER TRESH 08/07/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: TRESH, JAMES
Address: 655 5TH AVENUE NORTH
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VD ( ) Delete
Name: LIN, CINDY
Address: 702 1ST AVE. NORTH
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TD ( ) Delete
Name: CORLETT, JANICE
Address: 4037 MERMOOR COURT
City-St-Zip: PALM HARBOR, FL 34685

Title: MS. (X) Delete
Name: TRESH, JENNIFER C
Address: 2185 BOW LANE
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: TRESH, JENNIFER
Address: 2185 BOW LANE
City-St-Zip: SAFETY HARBOR, FL 34695

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: JENNIFER TRESH PSD 08/07/2008
Electronic Signature of Signing Officer or Director Date