

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 12, 2007
Secretary of State**

DOCUMENT# N05000009176

Entity Name: THE BONNIE L. BIZER CHARITABLE FOUNDATION, INC.**Current Principal Place of Business:**4800 N FEDERAL HWY STE 200E
BOCA RATON, FL 33431**New Principal Place of Business:**2013 NEWMARKET DRIVE
LOUISVILLE, KY 40222**Current Mailing Address:**4800 N FEDERAL HWY STE 200E
BOCA RATON, FL 33431**New Mailing Address:**2013 NEWMARKET DRIVE
LOUISVILLE, KY 40222

FEI Number: 20-3422681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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: BIZER, MORRISINE H
Address: 2245 RABBIT HOLLOWE CIR
City-St-Zip: DELRAY BEACH, FL 334456693Title: D () Delete
Name: BIZER, BONNIE
Address: 957 WHETSTONE WAY
City-St-Zip: LOUISVILLE, KY 40223Title: D () Delete
Name: LYNCH, KRISTEN M
Address: 4800 N FEDERAL HWY STE 200E
City-St-Zip: BOCA RATON, FL 33431Title: D (X) Delete
Name: HORWIN, MARJORIE A CPA
Address: 2401 BOCA RATON BLVD STE 100
City-St-Zip: BOCA RATON, FL 33431**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: BIZER, BONNIE
Address: 2013 NEWMARKET DRIVE
City-St-Zip: LOUISVILLE, KY 40222Title: D (X) Change () Addition
Name: HORWIN, MARJORIE M
Address: 2401 BOCA RATON BLVD SUITE 100
City-St-Zip: BOCA RATON, FL 33431Title: () 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: MARJORIE HORWIN

D

07/12/2007

Electronic Signature of Signing Officer or Director_____
Date