

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009176

FILED
Apr 21, 2009
Secretary of State

Entity Name: THE BONNIE L. BIZER CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

2013 NEWMARKET DRIVE
LOUISVILLE, KY 40222

New Principal Place of Business:

Current Mailing Address:

2013 NEWMARKET DRIVE
LOUISVILLE, KY 40222

New Mailing Address:

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:

HORWIN, MARJORIE A D
225 N.E. MIZNER BOULEVARD
SUITE #685
BOCA RATON, FL 33432 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: MARJORIE HORWIN

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PRATT, DAVID
Address: 2255 GLADES RD, STE 340W
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: BIZER, BONNIE
Address: 2013 NEWMARKET DRIVE
City-St-Zip: LOUISVILLE, KY 40222

Title: D () Delete
Name: HORWIN, MARJORIE M
Address: 2401 BOCA RATON BLVD SUITE 100
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: HORWIN, MARJORIE M
Address: 225 N.E. MIZNER BOULEVARD, SUITE #685
City-St-Zip: BOCA RATON, FL 33432

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

04/21/2009

Electronic Signature of Signing Officer or Director

Date