

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009820

FILED
May 01, 2008
Secretary of State

Entity Name: THE BELLA CAVALLO FOUNDATION, INC.

Current Principal Place of Business:

1128-252 ROYAL PALM BEACH BLVD
SUITE 252
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

1128-252 ROYAL PALM BEACH BLVD
SUITE 252
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 51-0551318 **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:

Name and Address of New Registered Agent:

SPEAR, JAMIE W
14882 95TH LANE NORTH
WEST PALM BEACH, FL 33412 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SPEAR, JAMIE W
Address: 14882 95TH LANE NORTH
City-St-Zip: WEST PALM BEACH, FL 33412

Title: VP () Delete
Name: BIDWELL, TALINA
Address: 134 PRESTIGE DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: S () Delete
Name: WALLHOFF, SHANNON
Address: 5250 NE 15TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: T () Delete
Name: MURPHY, DENISE
Address: 2180 BIG WOOD CAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: CAVALLO, KERRY
Address: 137 PRESTIGE DR
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D () Delete
Name: NEYMAN, LINDA
Address: 12434 QUERQUS LANE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: JAMIE W. SPEAR

PRES

05/01/2008

Electronic Signature of Signing Officer or Director

Date