

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009884

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: FAGA FOUNDATION, INC.

**Current Principal Place of Business:**

3613 CORAL SPRINGS DRIVE  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

3613 CORAL SPRINGS DRIVE  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: 20-3551060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FAGA, CAROL  
3613 CORAL SPRINGS DRIVE  
CORAL SPRINGS, FL 33065 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: FAGA, CAROL  
Address: 3613 CORAL SPRINGS DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete  
Name: MONEREAU, STEPHANE  
Address: 1 ANN LEE LANE  
City-St-Zip: TAMARAC, FL 33319

Title: VP ( ) Delete  
Name: HAFFNER, LILIAN  
Address: 1303 BELL DR  
City-St-Zip: SAN ANTONIO, TX 78217

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VP (X) Change ( ) Addition  
Name: HAFFNER, LILIAN  
Address: 13703 BELL DR  
City-St-Zip: SAN ANTONIO, TX 78217

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: CAROL FAGA

D

01/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date