2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2009
Secretary of State

DOCUMENT# N05000010850

Entity Name: GARRET MOSS S.T.O.K.E.D. FOUNDATION INC.

Current Principal Place of Business:

4521 PGA BLVD
404
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

39 ST. THOMAS DRIVE
PALM BEACH GARDENS, FL 33418 US

Current Mailing Address:

4521 PGA BLVD
404
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

39 ST. THOMAS DRIVE
PALM BEACH GARDENS, FL 33418 US

FEI Number: 84-1691848 **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:

REYNOLDS, SENECA M
39 ST THOMAS DRIVE
PALM BEACH GARDENS, FL 33418 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: PD ( ) Delete
Name: MOSS, SENECA
Address: 39 ST THOMAS DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: VPSD ( ) Delete
Name: BEATTIE, BETH
Address: 4195 MAIN STREET
City-St-Zip: JUPITER, FL 33458 US

Title: T ( ) Delete
Name: BOREN, REID
Address: 294 CORDOVA ROAD
City-St-Zip: WEST PALM BEACH, FL 33401 US

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:

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: SENECA MOSS REYNOLDS PRES 05/02/2009

Electronic Signature of Signing Officer or Director — Date