

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011123

FILED
Apr 12, 2008
Secretary of State

Entity Name: MIRASOL MEMBERS CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

136 OLIVERA WAY
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

Current Mailing Address:

136 OLIVERA WAY
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

FEI Number: 20-3775634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINGARTEN, ALLAN D
136 OLIVERA WAY
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: TBD () Delete
Name: WEINGARTEN, ALLAN D
Address: 136 OLIVERA WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: TBD () Delete
Name: JAN, BLICK
Address: 132 VIA PARADISIO
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: TBD () Delete
Name: ITKIN, LARRY
Address: 113 VIA PARADISIO
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: TBD () Delete
Name: GLOVER, TED
Address: 146 ESPERANZA WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: TBD () Delete
Name: PETCOVE, JACK
Address: 113 VIA VERDE WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: TBD () Delete
Name: SKIGEN, MIKE
Address: 136 VIA PARADISIO
City-St-Zip: PALM BEACH GARDENS, FL 33418 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:

Title: () Change () Addition
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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: ALLAN D. WEINGARTEN

OFF

04/12/2008

Electronic Signature of Signing Officer or Director

Date