

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011728

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: THE IAN TILMANN FOUNDATION, INC.

**Current Principal Place of Business:**

102 TIMBERVIEW DRIVE  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

102 TIMBERVIEW DRIVE  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

FEI Number: 20-3825225

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TILMANN, MARCY  
102 TIMBERVIEW DRIVE  
SAFETY HARBOR, FL 34695 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: TILMANN, MARCY  
Address: 102 TIMBERVIEW DRIVE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Delete  
Name: TILMANN, BARRY  
Address: 102 TIMBERVIEW DRIVE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Delete  
Name: HEINKEL, RICHARD  
Address: 421 BLACK KNIGHT LANE  
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: D ( ) Change (X) Addition  
Name: HERRON, MARHARET  
Address: 6300 ZUMA MESA DRIVE  
City-St-Zip: MALIBU, CA 90265

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: MARCY TILMANN

D

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date