

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011985

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE SYLVIA AND GEOFFREY LEIGH FOUNDATION, INC.

Current Principal Place of Business:

219 CLARKE AVENUE
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

219 CLARKE AVENUE
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 20-3966940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHATZ, RANDEE S
220 SUNRISE AVE
STE 209
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

GEOFFREY, LEIGH N
219 CLARKE AVE
PALM BEACH, FL 33480 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: GEOFFREY LEIGH

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEIGH, GEOFFREY
Address: 219 CLARKE AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: 1VPD () Delete
Name: LEIGH, SYLVIA
Address: 219 CLARKE AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: T () Delete
Name: LEIGH, SYLVIA
Address: 219 CLARKE
City-St-Zip: PALM BEACH, FL 33480

Title: 2VPD (X) Delete
Name: SCHATZ, RANDEE S
Address: 220 SUNRISE AVE - STE 209
City-St-Zip: PALM BEACH, FL 33480

Title: S (X) Delete
Name: SCHATZ, RANDEE S
Address: 220 SUNRISE AVE - STE 209
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEIGH, GEOFFREY N
Address: 219 CLARKE AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: 1VPD (X) Change () Addition
Name: LEIGH, SYLVIA M
Address: 219 CLARKE AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: T (X) Change () Addition
Name: LEIGH, SYLVIA M
Address: 219 CLARKE
City-St-Zip: PALM BEACH, FL 33480

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: GEOFFREY LEIGH

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date