## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N05000011985

FILED Sep 23, 2009 Secretary of State

Entity Name: THE SYLVIA AND GEOFFREY LEIGH FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 219 CLARKE AVENUE PALM BEACH, FL 33480 **Current Mailing Address: New Mailing Address:** 219 CLARKE AVENUE PALM BEACH, FL 33480 FEI Number: 20-3966940 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GEOFFREY, LEIGH N 219 CLARKÉ 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LEIGH, GEOFFREY N Name: Name: Address: 219 CLARKE AVENUE Address: PALM BEACH, FL 33480 City-St-Zip: City-St-Zip: Title: 1VPD () Delete Title: () Change () Addition Name: LEIGH, SYLVIA M Name: Address: 219 CLARKE AVENUE Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition LEIGH, SYLVIA M Name: Name: Address: 219 CLARKE Address: City-St-Zip: PALM BEACH, FL 33480 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 N LEIGH **PRES** 09/23/2009