

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012267

FILED
Apr 22, 2009
Secretary of State

Entity Name: LILY BRENTANO FOUNDATION, INC.

Current Principal Place of Business:

2600 NE 14TH STREET CAUSEWAY
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

2600 NE 14TH STREET CAUSEWAY
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 20-3915425 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, W. THORNTON ESQ
2600 NE 14TH STREET CAUSEWAY
POMPANO BEACH, FL 33062 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: DP () Delete
Name: CURRAN-HALPAIN, MAUREEN
Address: 4250 MT HENRY AVENUE
City-St-Zip: SAN DIEGO, CA 92117

Title: DT () Delete
Name: BANNON, ROBERT
Address: POB 979
City-St-Zip: YOUNG HARRIS, GA 30582

Title: DVP () Delete
Name: BOWEN-CRIADO, AUDREY
Address: 17166 WATERBEND DRIVE, #209
City-St-Zip: JUPITER, FL 33477

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: DS () Change (X) Addition
Name: BENNETT, REGINA A
Address: 666 WEST LAKE SAMMAMISH, NE
City-St-Zip: BELLEVUE, WA 98008

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: MAUREEN CURRAN-HALPAIN

DP

04/22/2009

Electronic Signature of Signing Officer or Director

Date