

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001307

FILED
Apr 08, 2009
Secretary of State

Entity Name: CONRADES FAMILY FOUNDATION, INC.

Current Principal Place of Business:

C/O NORMAN J. BENFORD
1221 BRICKELL AVENUE
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O NORMAN J. BENFORD
1221 BRICKELL AVENUE
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-4402412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENFORD, NORMAN J
1221 BRICKELL AVENUE
MIAMI, FL 33131 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: CONRADES, GEORGE H
Address: C/O 1221 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: CONRADES, PATRICIA B
Address: C/O 1221 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: CONRADES, ANNA J
Address: C/O 1221 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: CONRADES BAER, MARY E
Address: C/O 1221 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: CONRADES WILSON, LAURA R
Address: C/O 1221 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: CONRADES HUTCHINSON, ELIZABETH J
Address: C/O 1221 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

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
Name:
Address:
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: GEORGE H. CONRADES

D

04/08/2009

Electronic Signature of Signing Officer or Director

Date