

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001586

FILED  
May 08, 2008  
Secretary of State

**Entity Name:** THE VALERIE GREENE STROKE FOUNDATION, INC.

**Current Principal Place of Business:**

545 FAIRFAX AVENUE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

127 W. FAIRBANKS AVENUE  
#522  
WINTER PARK, FL 32789

**New Mailing Address:**

545 FAIRFAX AVENUE  
WINTER PARK, FL 32789

**FEI Number:** 20-4390087      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GREENE, VALERIE  
545 FAIRFAX AVENUE  
WINTER PARK, FL 32789      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:** O      ( ) Delete  
**Name:** GREENE, VALERIE  
**Address:** 545 FAIRFAX AVENUE  
**City-St-Zip:** WINTER PARK, FL 32789

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**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: VALERIE GREENE

PRES

05/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date