

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002998

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: THE JESSICA CLINTON M.V.P. FOUNDATION INC

**Current Principal Place of Business:**

1651 SE GOUCHO AVE  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7012  
PORT ST LUCIE, FL 34985

**New Mailing Address:**

FEI Number: 43-2103129      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RAMON, LALLOO N  
1651 SE GOUCHO AVE  
PORT ST LUCIE, FL 34952      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: PDT ( ) Delete  
Name: LALLOO, RAMON N  
Address: 1651 SE GOUCHO AVE  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VDS ( ) Delete  
Name: LALLOO, CHERYL A  
Address: 1651 SE GOUCHO AVE  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Delete  
Name: DANNER, TROY  
Address: 1641 SE GOUCHO AVE  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Delete  
Name: EPSKE, THOMAS  
Address: 2120 SE WILD MEADOW CIR  
City-St-Zip: PT ST LUCIE, FL 34952

Title: D ( ) Delete  
Name: KUEPPERS, REBECCA  
Address: 2748 WHISPER LAKES CLUB  
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete  
Name: OUTTEN, ROSANNE  
Address: 2421 NE 36 ST APT 6  
City-St-Zip: LIGHTHOUSE, FL 33064

**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: RAMON N. LALLOO

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date