

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003405

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: THE SARANESE CULTURE, INC.

## Current Principal Place of Business:

7661 167TH COURT NORTH  
PALM BEACH GARDENS, FL 33418

## New Principal Place of Business:

## Current Mailing Address:

1 MOUNT VERNON AVENUE  
FIRST FLOOR APT  
BLOOMFIELD, NJ 07003

## New Mailing Address:

7661 167TH COURT NORTH  
PALM BEACH GARDENS, FL 33418

FEI Number: 87-0770449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 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: BRICKMAN, SARAH  
Address: 7661 167TH COURT NORTH  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete  
Name: BRICKMAN, LESLIE  
Address: 1 MOUNT VERNON  
City-St-Zip: BLOOMFIELD, NJ 07003

Title: D ( ) Delete  
Name: KASPER, KIMBERLY  
Address: 7661 167TH COURT NORTH  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete  
Name: BISHOP, RON  
Address: P. O. BOX 460889  
City-St-Zip: SAN ANTONIO, TX 78246

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: BRICKMAN, SARAH  
Address: 7661 167TH COURT NORTH  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP (X) Change ( ) Addition  
Name: BRICKMAN, LESLIE  
Address: 1200 TOWN CENTER DR. #424  
City-St-Zip: JUPITER, FL 33458

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: SARAH BRICKMAN

PRES

01/12/2009

Electronic Signature of Signing Officer or Director

Date