

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005111

FILED
Feb 09, 2007
Secretary of State

Entity Name: BURNETT INTERNATIONAL UNIVERSITY FOUNDATION, INC.

Current Principal Place of Business:

7462 SALLY LYN LANE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

7462 SALLY LYN LANE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 77-0663335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRANCOIS, FRITZGERALD
600 S. DIXIE HWY, STE. 209
BOCA RATON, FL 33331 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: MOISE, BURNET REV.
Address: 7462 SALLY LYN LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: DC () Delete
Name: VERTUS, JEAN R.
Address: 19676 NW 55 ST.
City-St-Zip: CORAL SPRINGS, FL 33076

Title: DT () Delete
Name: SAFAITE, MARIE R.
Address: 4471 NW 106 AVE.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DS () Delete
Name: ST. LOUIS-MOISE, CARLINE
Address: 7462 SALLY LYN LANE
City-St-Zip: LAKE WORTH, FL 33467

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: REV. BURNET MOISE

DP

02/09/2007

Electronic Signature of Signing Officer or Director

Date