

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2009
Secretary of State**

DOCUMENT# N06000005258

Entity Name: THE JEANNIE BORNEMANN FOUNDATION, INC.

Current Principal Place of Business:

4230 14TH ST. NE
ST. PETERSBURG, FL 33703

New Principal Place of Business:

Current Mailing Address:

4230 14TH ST. NE
ST. PETERSBURG, FL 33703

New Mailing Address:

FEI Number: 20-4075100 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORNEMANN, BARBARA
4230 14TH ST. NE
ST. PETERSBURG, FL 33703 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: PD () Delete
Name: BORNEMAN, BARBARA
Address: 4230 14TH ST. NE
City-St-Zip: ST. PETERSBURG, FL 33703

Title: STD () Delete
Name: BORNEMAN, WILLIAM
Address: 4230 14TH ST. NE
City-St-Zip: ST. PETERSBURG, FL 33703

Title: VD () Delete
Name: GATLIN, DAVID
Address: 1745 MAPLE LEAF DR.
City-St-Zip: OLDSMAR, FL 34677

Title: VD () Delete
Name: PARKER, DAVID C
Address: 321 N. TESSIER
City-St-Zip: ST. PETE BEACH, FL 33706

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 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: WILLIAM BORNEMANN

STD

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date