## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000006123

FILED Jan 12, 2009 Secretary of State

Entity Name: GERALD J DOBEK FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

111 SE 8 AVENUE

1501

FORT LAUDERDALE, FL 33301

Current Mailing Address: New Mailing Address:

111 SE 8 AVENUE

1501

FORT LAUDERDALE, FL 33301

FEI Number: 20-3485855 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ALLEN, ANNE 111 SE 8 AVENUE 1501

FORT LAUDERDALE, FL 33301 US

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:

Name:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

Title: PSD ( ) Delete Title:

Name: ALLEN, ANNE

Address: 111 SE 8 AVENUE STE 1501
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D ( ) Delete
Name: ALLEN, DOUGLAS

Address: ALLEN, DOUGLAS
Address: 111 SE 8 AVENUE STE 1501
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D ( ) Delete Name: BLOCK, NANCY B

Address: 1044 NE 15 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

Address: 111 SE 8 AVENUE STE 1501 City-St-Zip: FORT LAUDERDALE, FL 33301

City-St-Zip. FORT LAUDERDALE, FL 33301

ALLEN, ANNE M

Title: D (X) Change () Addition
Name: ALLEN, DOUGLAS M
Address: 111 SE 8 AVENUE STE 1501
City-St-Zip: FORT LAUDERDALE, FL 33301

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: ANNE MALLEN PRES 01/12/2009