

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006658

FILED
Feb 02, 2009
Secretary of State

Entity Name: MOONPATH CIRCLE, INC.

Current Principal Place of Business:

1100 SE 5 CT - # 24
POMPANO BEACH, FL 330608160 US

New Principal Place of Business:

Current Mailing Address:

1100 SE 5 CT - # 24
POMPANO BEACH, FL 330608160 US

New Mailing Address:

FEI Number: 50-0594156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKLEY, G.H. KIP
1100 SE 5 CT - # 24
POMPANO BEACH, FL 330608160 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: PT () Delete
Name: LETOURNEAU, SOPHIA E
Address: 3970 NW 21 AVE
City-St-Zip: FT LAUDERDALE, FL 333093627 US

Title: VPT () Delete
Name: MOHAN, LISA
Address: 3970 NW 21 AVE
City-St-Zip: FT LAUDERDALE, FL 333093627 US

Title: ST () Delete
Name: TAFFEL, MELANIE
Address: 3970 NW 21 AVE
City-St-Zip: FT LAUDERDALE, FL 333093627 US

Title: T/T () Delete
Name: BARKLEY, G.H. KIP
Address: 3970 NW 21 AVE
City-St-Zip: FT LAUDERDALE, FL 333093627 US

Title: T () Delete
Name: MCANULTY, MARTY
Address: 3970 NW 21 AVE
City-St-Zip: FT LAUDERDALE, FL 333093627 US

Title: T () Delete
Name: GRIFFITHS, JANINE N.B.
Address: 3970 NW 21 AVE
City-St-Zip: FT LAUDERDALE, FL 333093627 US

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: G H KIP BARKLEY

T/T

02/02/2009

Electronic Signature of Signing Officer or Director

Date