2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

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Entity Name: MARQUAND (M&M) MANUEL FOUNDATION INC.

Current Principal Place of Business:

20810 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180

New Principal Place of Business:

Current Mailing Address:

20810 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180

New Mailing Address:

FEI Number: 20-5133290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

A.R.S. & ASSOCIATES INC.
20810 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 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: MANUEL, MARQUAND A
Address: 10319 SW 20TH ST
City-St-Zip: MIRAMAR, FL 33025

Title: DV ( ) Delete
Name: GAINES, LATARRA T
Address: 10319 SW 20TH ST
City-St-Zip: MIRAMAR, FL 33025

Title: DT ( ) Delete
Name: TEBBE, JAIME
Address: 20810 WEST DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI BEACH, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: MANUEL, MARQUAND A
Address: 3672 CHURCHILL DOWNS DR
City-St-Zip: DAVIE, FL 33328

Title: DV (X) Change ( ) Addition
Name: GAINES, LATARRA T
Address: 3672 CHURCHILL DOWNS DR
City-St-Zip: DAVIE, FL 33328

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: LATARRA GAINES DV 04/24/2009

Electronic Signature of Signing Officer or Director — Date