

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007699

FILED
Apr 14, 2009
Secretary of State

Entity Name: MAKE IT COUNT FOUNDATION, INC.

Current Principal Place of Business:

2471 LAKEVIEW DR
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

2471 LAKEVIEW DR
SEBRING, FL 33870 US

New Mailing Address:

FEI Number: 20-5367324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALZ, DOUGLAS A
2471 LAKEVIEW DR
SEBRING, FL 33870 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: P () Delete
Name: WALZ, KAYLENE A
Address: 2471 LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870 US

Title: VP () Delete
Name: WALZ, DOUGLAS A
Address: 2471 LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870 US

Title: TR () Delete
Name: KIDD, CHARLES D
Address: PO BOX 1120
City-St-Zip: SEBRING, FL 33871 1120 US

Title: SEC () Delete
Name: COX, ILA
Address: 1619 ARBUCKLE CREEK
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: COX, MARK
Address: 1619 ARBUCKLE CREEK
City-St-Zip: SEBRING, FL 33870

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:

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: KAYLENE A WALZ

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date