

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007757

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: JOHN M. LEONARD FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

505 SOUTH FLAGLER DR., SUITE 1100  
W. PALM BCH, FL 33401'

**New Principal Place of Business:**

**Current Mailing Address:**

505 SOUTH FLAGLER DR., SUITE 1100  
W. PALM BCH, FL 33401'

**New Mailing Address:**

FEI Number: 20-5251623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DR., SUITE 1100  
W. PALM BCH, FL 33401' 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: D ( ) Delete  
Name: LEONARD, JOHN M  
Address: 12373 QUERCUS LANE  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: QUIRK, LINDA J  
Address: 268 STONEGATE RD.  
City-St-Zip: CLARENDON HILLS, IL 60514

Title: D ( ) Delete  
Name: LEONARD, ELIZABETH J  
Address: 12373 QUERCUS LANE  
City-St-Zip: WELLINGTON, FL 33414

**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:

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: JOHN M. LEONARD

D

02/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date