

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010275

FILED
Jun 23, 2009
Secretary of State

Entity Name: THE Warburton Family Foundation, Inc.

Current Principal Place of Business:

850 BARCARMIL WAY
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

850 BARCARMIL WAY
NAPLES, FL 34110

New Mailing Address:

FEI Number: 42-1714545 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WARBURTON, ARTHUR J
850 BARCARMIL WAY
NAPLES, FL 34110 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WARBURTON, ARTHUR J
Address: 850 BARCARMIL WAY
City-St-Zip: NAPLES, FL 34110

Title: ST () Delete
Name: WARBURTON, EILEEN M
Address: 850 BARCARMIL WAY
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: MCCAFFREY, LYNN M
Address: 492 FOXHILL
City-St-Zip: WATTELLOO ONT CA, N2T LX7

Title: D () Delete
Name: NAPJORKOWSKI, CARRIE
Address: 140 BRIGHTON LN
City-St-Zip: AUSTIN, TX 78737

Title: PD () Delete
Name: MACCAFFREY, MATTHEW
Address: 492 FOXHILL
City-St-Zip: WATERLOO ONT, CD NST 1X

Title: ST () Delete
Name: NAPIORKOWSKI, WITOLD
Address: 140 BRIGHTON LANE
City-St-Zip: AUSTIN, TX 78737

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: ARTHUR J. WARBURTON

PD

06/23/2009

Electronic Signature of Signing Officer or Director

Date