

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011970

FILED
Apr 08, 2009
Secretary of State

Entity Name: THE MARY E. DUNN FOUNDATION, INC.

Current Principal Place of Business:

3221 SAND LAKE ROAD
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

3221 SAND LAKE ROAD
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 26-0823174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OHAB, PAMELA
309 E CITRUS STREET
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

HORN, JOEL
11904 MERIDAN POINT DRIVE
TAMPA, FL 33626 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: JOEL HORN

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HORN, JOEL
Address: 11904 MERIDAN POINT DRIVE
City-St-Zip: TAMPA, FL 33626

Title: CD () Delete
Name: BAJAYO, DAVID DR.
Address: 1636 ROCKDALE LOOP
City-St-Zip: HEATHROW, FL 32746

Title: SD () Delete
Name: LINK, MARIANNE
Address: 1301 AZALEA LANE
City-St-Zip: MAITLAND, FL 32751

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: DUNN, RICHARD
Address: 550 MANOR RD
City-St-Zip: MAITLAND, FL 32751

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: JOEL HORN

D

04/08/2009

Electronic Signature of Signing Officer or Director

Date