

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012856

FILED
Apr 28, 2008
Secretary of State

Entity Name: THE UPSIDE DOWN FOUNDATION, INC

Current Principal Place of Business:

800 SOUTH OSPREY
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

800 SOUTH OSPREY
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 20-8143518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUPLEE & SHEA, PA
800 SOUTH OSPREY
SARASOTA, FL 34236 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: WEINBAUM, NATHAN
Address: 223 EARLY DR
City-St-Zip: POWELL, TN 37849

Title: VP () Delete
Name: THOMPSON, CLAYTON
Address: 1256 OLD STICKNEY POINT RD
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: WHITE, FELICIA
Address: PO BOX 50908
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: BEAUCHAMP, BRIAN
Address: 921 NORTH LIME AVE.
City-St-Zip: SARASOTA, FL 34237

Title: D () Delete
Name: PARSONS, CHRIS
Address: 6455 GATEWAY AVE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: HOWARD, EDDIE JR.
Address: 2372 SOUTH TAMiami TRAIL
City-St-Zip: SARASOTA, FL 34293

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: SUPLEE & SHEA PA

RA

04/28/2008

Electronic Signature of Signing Officer or Director

Date