

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002375

FILED
Apr 15, 2009
Secretary of State

Entity Name: FLORIDIAN COMMUNITY FOUNDATION, INC.

Current Principal Place of Business:

1696 NORTH CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

1696 NORTH CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32117

New Mailing Address:

FEI Number: 26-0628619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HEEBNER, PETER B ESQUIRE
523 NORTH HALIFAX AVE.
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

BULKO, KEITH A
1696 N. CLYDE MORRIS BLVD..
DAYTONA BEACH, FL 32117 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: KEITH A. BULKO

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BULKO, KEITH A
Address: 63 COQUINA RIDGE WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP () Delete
Name: HEEBNER, PETER B
Address: 523 N HALIFAX AVE., BLDG 500 UNIT 5405
City-St-Zip: DAYTONA BEACH, FL 32118

Title: VP () Delete
Name: CARBIENER, PAM
Address: 30 TWELVE OAKS TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: T () Delete
Name: AGNONE, LOUIS
Address: 6 WINDING CREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: S () Delete
Name: WILSON, TYREE
Address: 7 CIRCLE OAKS
City-St-Zip: ORMOND BEACH, FL 32174

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: KEITH A. BULKO

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date