

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 07, 2009
Secretary of State**

DOCUMENT# N07000003681

Entity Name: PIEDAD DE LA TORRE FOUNDATION, INC.

Current Principal Place of Business:

317 MULLALLY STREET
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

317 MULLALLY STREET
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 06-1811834 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROTTY, KATHLEEN L
1825 BUSINESS PARK BLVD.
SUITE A
DAYTONA BEACH, FL 32114 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: DALY, TIMOTHY P
Address: 317 MULLALLY STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: PIEDAD DE LA TORRE,
Address: 452 FAIRVIEW DRIVE
City-St-Zip: MELBOURNE, FL 32951

Title: D () Delete
Name: FILLMORE, JOSEPH H MD
Address: 1001 E. BAYAUD AVE #1710
City-St-Zip: DENVER, CO 80209

Title: D () Delete
Name: SZELES, DELOROSA A
Address: 6050 LYDERS LANE
City-St-Zip: HARRISBURG, PA 17111

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:

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: TIMOTHY P. DALY

D

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date