

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004042

FILED
Mar 05, 2009
Secretary of State

Entity Name: THE AMERICAN DEFICIT FOUNDATION, INC.

Current Principal Place of Business:

18840 U.S. HIGHWAY 19 NORTH
401
CLEARWATER, FL 33764

New Principal Place of Business:

18830 U.S. HIGHWAY 19 NORTH
330
CLEARWATER, FL 33764

Current Mailing Address:

18840 U.S. HIGHWAY 19 NORTH
401
CLEARWATER, FL 33764

New Mailing Address:

18830 U.S. HIGHWAY 19 NORTH
330
CLEARWATER, FL 33764

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TAUPIER, ROBERT
202 14TH AVE
INDIAN ROCKS BEACH, FL 33785 US

Name and Address of New Registered Agent:

TAUPIER, ROBERT N MGR
202 14TH AVE
INDIAN ROCKS BEACH, FL 33785 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: ROBERT N TAUPIER

03/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: TAUPIER, ROBERT N
Address: 202 14TH AVE
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR (X) Change () Addition
Name: TAUPIER, ROBERT N
Address: 202 14TH AVE
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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: ROBERT N TAUPIER

MGR

03/05/2009

Electronic Signature of Signing Officer or Director

Date