2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N07000004870

Entity Name: THE KATIE FROESCHLE FOUNDATION, INC.

Current Principal Place of Business:

220 S FRANKLIN ST
TAMPA, FL 33602

New Principal Place of Business:

343 2ND AVENUE NORTH
ST. PETERSBURG, FL 33715

Current Mailing Address:

PO BOX 3913
TAMPA, FL 336023913

New Mailing Address:

343 2ND AVENUE NORTH
ST. PETERSBURG, FL 33715

FEI Number: 26-0213433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STERNS, RANDY K
220 S FRANKLIN ST
TAMPA, FL 33602 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: FROESCHLE, JEFFERY
Address: 751 PINELLAS BAYWAY S #308
City-St-Zip: TIERRA VERDE, FL 33715

Title: VP ( ) Delete
Name: DOMINO, TRACIE
Address: 14511 MIRABELLE VISTA CIRCLE
City-St-Zip: TAMPA, FL 33626

Title: S ( ) Delete
Name: SCHEXNAYDER, MARY M
Address: 2008 OBRAPIA ST #8
City-St-Zip: TAMPA, FL 33629

Title: T ( ) Delete
Name: DENEAULT, TYLER
Address: 3509 OAK ST NE
City-St-Zip: ST PETERSBURG, FL 33704

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: GLENN A. NAKAMURA, CPA CPA 03/17/2009
Electronic Signature of Signing Officer or Director — Date