

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005259

FILED
Apr 24, 2008
Secretary of State

Entity Name: THE INFUSION FOUNDATION, INC.

Current Principal Place of Business:

13808 AMELIA POND DRIVE
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

13808 AMELIA POND DRIVE
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 26-0321082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVEN W WELDON, PA
5401 SOUTH KIRKMAN ROAD
SUITE 310
ORLANDO, FL 32819 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: WELDON, STEVEN W
Address: 13808 AMELIA POND DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: VP () Delete
Name: NOVAK, TOMMY
Address: 1112 CALLOWAY CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: T () Delete
Name: DAVIDSON, ALAN H
Address: 8764 DANFORTH DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: S () Delete
Name: WELDON, REBECCA A
Address: 13808 AMELIA POND DRIVE
City-St-Zip: WINDERMERE, FL 34786

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: STEVEN WELDON

PRES

04/24/2008

Electronic Signature of Signing Officer or Director

Date