

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006545

FILED
Apr 29, 2009
Secretary of State

Entity Name: PAUL AND CAROL EVANSON FAMILY FOUNDATION, INC.

Current Principal Place of Business:

355 ALHAMBRA CIRCLE, SUITE 801
CORAL GABLES, FL 33134

New Principal Place of Business:

355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134

Current Mailing Address:

355 ALHAMBRA CIRCLE, SUITE 801
CORAL GABLES, FL 33134

New Mailing Address:

355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134

FEI Number: 26-0891008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT CORPORATE SERVICES, INC.
355 ALHAMBRA CIRCLE, SUITE 801
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

REGISTERED AGENT CORPORATE SERVICES, INC.
355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 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: BETSY PARENTI, ASSIST. SECRETARY

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: EVANSON, PAUL J
Address: C/O 355 ALHAMBRA CIRCLE, SUITE 801
City-St-Zip: CORAL GABLES, FL 33134

Title: DVPS () Delete
Name: EVANSON, CAROL L
Address: C/O 355 ALHAMBRA CIRCLE, SUITE 801
City-St-Zip: CORAL GABLES, FL 33134

Title: DT () Delete
Name: WASHBURN, LISA J
Address: C/O 355 ALHAMBRA CIRCLE, SUITE 801
City-St-Zip: CORAL GABLES, FL 33134

Title: ASST () Delete
Name: ROSMARIN, MICHAEL
Address: C/O 355 ALHAMBRA CIRCLE, SUITE 801
City-St-Zip: CORAL GABLES, FL 33134 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: EVANSON, PAUL J
Address: C/O 355 ALHAMBRA CIRCLE, SUITE 801
City-St-Zip: CORAL GABLES, FL 33134

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: PAUL J. EVANSON

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date