

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006759

FILED
Apr 20, 2009
Secretary of State

Entity Name: WEEK OF THE FAMILY FOUNDATION, INC.

Current Principal Place of Business:

641 COLUMBIA DR.
WINTER PARK, FL 32789

New Principal Place of Business:

641 COLUMBIA DR.
WINTER PARK, FL 32789 US

Current Mailing Address:

641 COLUMBIA DR.
WINTER PARK, FL 32789

New Mailing Address:

641 COLUMBIA DR.
WINTER PARK, FL 32789 US

FEI Number: 26-2394357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRATT, JAMES R
369 N. NEW YORK AVE., 3RD FLOOR
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

PRATT, JAMES R ESQ.
369 N. NEW YORK AVE., 3RD FLOOR
WINTER PARK, FL 32789 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: JAMES R. PRATT

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PARKER, DONNA
Address: 641 COLUMBIA DR.
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: MCCOY, KELLEY
Address: 2611 MANDAN TRAIL
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: PRATT, DEBRA
Address: 1550 ELM AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS. (X) Change () Addition
Name: PARKER, DONNA H CHAIR
Address: 641 COLUMBIA DR.
City-St-Zip: WINTER PARK, FL 32789 US

Title: MRS. (X) Change () Addition
Name: PRATT, DEBRA M VICE CH
Address: 1550 ELM AVE.
City-St-Zip: WINTER PARK, FL 32789 US

Title: MRS. (X) Change () Addition
Name: EVANS, LINDA P SEC
Address: 1590 SHADOWMOSS CIR.
City-St-Zip: LAKE MARY, FL 32746 US

Title: MRS. () Change (X) Addition
Name: GARRETT, CATHY C TREAS
Address: 2130 TERRACE BLVD.
City-St-Zip: LONGWOOD, FL 32779 US

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: DEBRA M. PRATT

V CH

04/20/2009

Electronic Signature of Signing Officer or Director

Date