

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007785

FILED
Jun 25, 2009
Secretary of State

Entity Name: DEBORAH L. NATANSOHN FOUNDATION, INC.

Current Principal Place of Business:

11113 LAMPLIGHTER LANE
POTOMAC, MD 20854

New Principal Place of Business:

Current Mailing Address:

11113 LAMPLIGHTER LANE
POTOMAC, MD 20854

New Mailing Address:

FEI Number: 26-0697116 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ACTIVEFILINGS LLC
10651 NE 11 CT
MIAMI SHORES, FL 33138 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EPSTEIN, RENA
Address: 11113 LAMPLIGHTER LANE
City-St-Zip: POTOMAC, MD 20854

Title: D () Delete
Name: NATANSOHN, SAUL
Address: 44 RUSSELL ROAD
City-St-Zip: WELLESLEY, MA 02457

Title: D () Delete
Name: NATANSOHN, SAMUEL
Address: 39 PRESTON PLACE
City-St-Zip: NORTH EASTON, MA 02356

Title: D () Delete
Name: NATANSOHN, SIDONIA
Address: 39 PRESTON PLACE
City-St-Zip: NORTH EASTON, MA 02356

Title: D () Delete
Name: CORMAN, ANDREA
Address: 453 WASHINGTON ST, 9A
City-St-Zip: BOSTON, MA 02111

Title: D () Delete
Name: KAHN, ESTHER
Address: 2820 NE 40 CT
City-St-Zip: LIGHTHOUSE PT, FL 33064

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
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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: SAUL NATANSOHN

D

06/25/2009

Electronic Signature of Signing Officer or Director

Date