

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007943

FILED
Mar 06, 2009
Secretary of State

Entity Name: THE CHAMP FOUNDATION FOR EXCEPTIONAL LONGEVITY, INC.

Current Principal Place of Business:

5602 LAND O'LAKES BLVD
LAND O'LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

5602 LAND O'LAKES BLVD
LAND O'LAKES, FL 34639

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, MANSON
5602 LAND O'LAKES BLVD
LAND O'LAKES, FL 34639 US

Name and Address of New Registered Agent:

JOHNSON, EVIE
5602 LAND O'LAKES BLVD
LAND O'LAKES, FL 34639 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: EVIE JOHNSON

03/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: JOHNSON, MANSON
Address: 5602 LAND O'LAKES BLVD
City-St-Zip: LAND O'LAKES, FL 34639

Title: V () Delete
Name: JOHNSON, EVIE
Address: 5602 LAND O'LAKES BLVD
City-St-Zip: LAND O'LAKES, FL 34639

Title: S () Delete
Name: HENRY, BARBARA
Address: 5602 LAND O'LAKES BLVD
City-St-Zip: LAND O'LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOHNSON, MANSON
Address: 5602 LAND O'LAKES BLVD
City-St-Zip: LAND O'LAKES, FL 34639

Title: VT (X) Change () Addition
Name: JOHNSON, EVIE
Address: 5602 LAND O'LAKES BLVD
City-St-Zip: LAND O'LAKES, FL 34639

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: EVIE JOHNSON

VICE

03/06/2009

Electronic Signature of Signing Officer or Director

Date