

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008816

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: BARBARA WHITE FOUNDATION, INC.

**Current Principal Place of Business:**

450 N.E. 142ND STREET  
NORTH MIAMI, FL 33161 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 012404  
MIAMI, FL 33101 US

**New Mailing Address:**

FEI Number: 26-0903253      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WHITE, SEREDA  
450 N.E. 142ND STREET  
NORTH MIAMI, FL 33161 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: WHITE, SEREDA  
Address: 450 N.E. 142ND STREET  
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: VP ( ) Delete  
Name: WHITE, JANAY A  
Address: 450 N.E. 142ND STREET  
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: SEC ( ) Delete  
Name: WHITE, SEREDA  
Address: 450 N.E. 142ND STREET  
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: TREA ( ) Delete  
Name: WHITE, SEREDA  
Address: 450 N.E. 142ND STREET  
City-St-Zip: NORTH MIAMI, FL 33161

**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: SEREDA WHITE

P

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date