

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009499

FILED
Apr 22, 2008
Secretary of State

Entity Name: SUSAN MARIE SCLERODERMA FOUNDATION, INC

Current Principal Place of Business:

4450 LAKESIDE AVE
N FT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

4450 LAKESIDE AVE
N FT MYERS, FL 33903

New Mailing Address:

FEI Number: 26-1163759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCHHOLZ, CONNIE
4450 LAKESIDE AVE
N FT MYERS, FL 33903 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: D () Delete
Name: BUCHHOLZ, CONNIE
Address: 4450 LAKESIDE AVE
City-St-Zip: N FT MYERS, FL 33903

Title: D () Delete
Name: HUSSEY, VIC
Address: 15598 WHITNEY LN
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: BRIERS, MICHAEL T
Address: 17019 FREMONT STREET
City-St-Zip: FT. MYERS, FL 33908

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:

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: MICHAEL T BRIERS

D

04/22/2008

Electronic Signature of Signing Officer or Director

Date