

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 24, 2009**  
**Secretary of State**

DOCUMENT# N07000009700

Entity Name: STONEGATE CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

1430 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4678  
FORT LAUDERDALE, FL 33338

**New Mailing Address:**

FEI Number: 26-1222718      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:**

TOMLINSON, JOHN L  
500 NW 62ND STREET, SUITE 210  
FORT LAUDERDALE, FL 33309      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: HOLDING, JEFF  
Address: 1430 NORTH FEDERAL HIGHWAY  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D      ( ) Delete  
Name: AUGER, STACEY  
Address: 1430 NORTH FEDERAL HIGHWAY  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D      ( ) Delete  
Name: BARNHART, KRIS  
Address: 1430 NORTH FEDERAL HIGHWAY  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D      ( ) Delete  
Name: HOLDING, JEFF  
Address: 1430 NORTH FEDERAL HIGHWAY  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D      ( ) Delete  
Name: TOMLINSON, JOHN L  
Address: 1430 NORTH FEDERAL HIGHWAY  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D      ( ) Delete  
Name: MERLINI, MELISSA  
Address: 1430 NORTH FEDERAL HIGHWAY  
City-St-Zip: FORT LAUDERDALE, FL 33304

**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:

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: JOHN L. TOMLINSON

D

06/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date