

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010172

FILED
Apr 30, 2008
Secretary of State

Entity Name: THE MATTHEW LAROCHE FOUNDATION, INC.

Current Principal Place of Business:

110 NORTH MAIN AVENUE
MINNEOLA, FL 34715

New Principal Place of Business:

Current Mailing Address:

110 NORTH MAIN AVENUE
MINNEOLA, FL 34715

New Mailing Address:

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

Name and Address of Current Registered Agent:

HENDERSON, JANICE R
110 NORTH MAIN AVENUE
MINNEOLA, FL 34715 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: HENDERSON, JANICE R
Address: 110 NORTH MAIN AVENUE
City-St-Zip: MINNEOLA, FL 34715

Title: D () Delete
Name: COLE, KRISTIN
Address: 110 NORTH MAIN AVENUE
City-St-Zip: MINNEOLA, FL 34715

Title: D () Delete
Name: MOUSSAOUI, ROBIN
Address: 110 NORTH MAIN AVENUE
City-St-Zip: MINNEOLA, FL 34715

Title: D () Delete
Name: LAROCHE, TARA
Address: 110 NORTH MAIN AVENUE
City-St-Zip: MINNEOLA, FL 34715

Title: D () Delete
Name: HENDERSON, TIMOTHY
Address: 110 NORTH MAIN AVENUE
City-St-Zip: MINNEOLA, FL 34715

Title: D (X) Delete
Name: LAROCHE, NICHOLAS
Address: 110 NORTH MAIN AVENUE
City-St-Zip: MINNEOLA, FL 34715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COLE, KRISTIN
Address: 1074 PARK CENTRAL CIR
City-St-Zip: GROVELAND, FL 34736

Title: D (X) Change () Addition
Name: MOUSSAOUI, ROBIN
Address: 110 SOUTH MAIN AVENUE
City-St-Zip: MINNEOLA, FL 34715

Title: D (X) Change () Addition
Name: LAROCHE, TARA
Address: 34 SUNNYSIDE DR
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Change () Addition
Name: LAROCHE, NICHOLAS
Address: 110 NORTH MAIN AVE
City-St-Zip: MINNEOLA, FL 34715

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: JANICE HENDERSON

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date