2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N07000010172

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 ( )**
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:

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:	1074 PARK CENTRAL CIR	
City-St-Zip:	GROVELAND, FL 34736	
Title:	D	( ) Delete
Name:	MOUSSAOUI, ROBIN	
Address:	110 SOUTH MAIN AVENUE	
City-St-Zip:	MINNEOLA, FL 34715	
Title:	D	( ) Delete
Name:	LAROCHE, TARA	
Address:	34 SUNNYSIDE DR	
City-St-Zip:	CLERMONT, FL 34711	
Title:	D	( ) Delete
Name:	LAROCHE, NICHOLAS	
Address:	110 NORTH MAIN AVE	
City-St-Zip:	MINNEOLA, FL 34715	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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

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 R. HENDERSON D 05/01/2009

Electronic Signature of Signing Officer or Director — Date