2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N07000011846

Entity Name: BALDA FAMILY FOUNDATION, INC.

Current Principal Place of Business:

3347 PENINSULA CIRCLE
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

3347 PENINSULA CIRCLE
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 26-1548705 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAHAM, JAMES S
8035 SPYGLASS HILL ROAD
MELBOURNE, FL 32940 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: DIR ( ) Delete
Name: MILLS, KATHY M
Address: 3347 PENINSULA CIRCLE
City-St-Zip: MELBOURNE, FL 32940

Title: DIR ( ) Delete
Name: BALDA, RICARDO A
Address: 4 MARINA ISLES BLVD., UNIT 301
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: DIR ( ) Delete
Name: BALDA, DANIEL A
Address: 250 LANSING ISLAND DRIVE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: DIR ( ) Delete
Name: BALDA, ANTHONY J
Address: 2002 WOODFIELD CIRCLE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: DIR ( ) Delete
Name: BALDA, RICHARD E
Address: 5480 SANDLAKE RD
City-St-Zip: MELBOURNE, FL 32934

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:

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: KATHY MILLS DIR 04/20/2009

Electronic Signature of Signing Officer or Director — Date