## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000000810

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

Entity Name: VELA'S FOUNDATION, INC.

FILED Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 438 SW 10TH AVE. BOYNTON BEACH, FL 334355928 **Current Mailing Address: New Mailing Address:** 438 SW 10TH AVE BOYNTON BEACH, FL 334355928 FEI Number: 26-1783747 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MASSENAT-PIERRE, VELA 438 SW 10TH AVE. BOYNTON BEACH, FL 334355928 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CEOP (X) Change ( ) Addition () Delete MASSENAT-PIÉRRE, VELA MASSENAT-PIERRE, VELA Name: Name: 438 SW 10TH AVE. Address: 438 SW 10TH AVE. Address: City-St-Zip: BOYNTON BEACH, FL 334355928 City-St-Zip: BOYNTON BEACH, FL 334355928 PB Title: () Delete Title: (X) Change ( ) Addition MCCRAY, DEBORAH Name: MCCRAY, DEBORAH Name: Address: 637 SW CURRY ST. Address: 637 SW CURRY ST. City-St-Zip: PORT ST. LUCIE, FL City-St-Zip: PORT ST. LUCIE, FL 34983 SL Title: () Delete Title: (X) Change ( ) Addition PIERRE, LAMIA S. PIERRE, LAMIA S. Name: Name: Address: 438 SW 10TH AVE. Address: 438 SW 10TH AVE City-St-Zip: BOYNTON BEACH, FL 334355928 City-St-Zip: BOYNTON BEACH, FL 334355928 PB Title: () Delete Title: ( ) Change (X) Addition Name: Name: COURTOIS, GINETTE Address: Address: 9302 KETAY CIR City-St-Zip: City-St-Zip: BOCA RATON, FL 33428 PB Title: () Delete Title: ( ) Change (X) Addition GANTHIER, JUDITH Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

510 UDELL LN

THEOZIL. GINA

BOYNTON BEACH, FL 33445 PB

5040 SOCIETY PLACE., UNIT 3 WEST PALM BEACH, FL 33415 PB

( ) Change (X) Addition

SIGNATURE: VELA MASSENAT-PIERRE CEOP 04/30/2009

() Delete