

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001571

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE ANGELS OF NEAR DROWNING FOUNDATION, INC.

Current Principal Place of Business:

4271 SW 67 TERRACE
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4271 SW 67 TERRACE
DAVIE, FL 33314

New Mailing Address:

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

Name and Address of Current Registered Agent:

LORENZO, JUAN C
4271 SW 67 TERRACE
DAVIE, FL 33314 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: PD () Delete
Name: LORENZO, JUAN C
Address: 4271 SW 67 TERRACE
City-St-Zip: DAVIE, FL 33314

Title: VPD () Delete
Name: ZAYAS, MITCHELL
Address: 610 MAIN STREET #112
City-St-Zip: MIAMI LAKES, FL 33014

Title: SD () Delete
Name: LORENZO, YUSIMY
Address: 4271 SW 67 TERRACE
City-St-Zip: DAVIE, FL 33314

Title: D () Delete
Name: PATENAUDE, CHRISTINE
Address: 963 HARBOR INN DR
City-St-Zip: CORAL SPRINGS, FL 33073

Title: D () Delete
Name: MCDONNELL, SORAYA
Address: 5530 SW 113 AVE
City-St-Zip: COOPER CITY, FL 33330

Title: D () Delete
Name: ZUNT, REBECCA
Address: 625 JEANETTE ST
City-St-Zip: BRUNSWICK, OH 44212

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
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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: JUAN C LORENZO

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date