

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001759

FILED
Feb 05, 2009
Secretary of State

Entity Name: SAN GENNARO FESTA, INC.

Current Principal Place of Business:

10826 72ND AVE
NORTH SEMINOLE, FL 33772

New Principal Place of Business:

5185 KERNWOOD COURT
PALM HARBOR, FL 34685 US

Current Mailing Address:

10826 72ND AVE
NORTH SEMINOLE, FL 33772

New Mailing Address:

5185 KERNWOOD COURT
PALM HARBOR, FL 34685 US

FEI Number: 51-0670576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICI, ANN
10826 72ND AVE
NORTH SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

COSENZA, CAROLE M DR
5185 KERNWOOD COURT
PALM HARBOR, FL 34685 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: DR. CAROLE COSENZA

02/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COSENZAD, CAROLE
Address: 5185 KERNWOOD COURT
City-St-Zip: PALM HARBOR, FL 346853616

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COSENZA, CAROLE M DR.
Address: 5185 KERNWOOD COURT
City-St-Zip: PALM HARBOR, FL 346853616

Title: D () Change (X) Addition
Name: BOOTH, CHRISTINE F MRS
Address: 2835 SOMERSET PARK DR. #103
City-St-Zip: TAMPA, FL 33613 US

Title: D () Change (X) Addition
Name: CANO, ALICIA M MRS
Address: 513 MIRASOL CIRCLE #303
City-St-Zip: CELEBRATION, FL

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: DR. CAROLE COSENZA

D

02/05/2009

Electronic Signature of Signing Officer or Director

Date