2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N08000001809

Entity Name: HERMAN LUCERNE MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

15303 SW 84 COURT
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

15303 SW 84 COURT
MIAMI, FL 33157

New Mailing Address:

FEI Number: 26-1949024 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WRUBLE, LLOYD D.M.D.
15303 SW 84 COURT
MIAMI, FL 33157 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: DP ( ) Delete
Name: WRUBLE, LLOYD D.M.D.
Address: 15303 SW 84 COURT
City-St-Zip: MIAMI, FL 33157

Title: DVP ( ) Delete
Name: MURPHY, RICK CAPTAIN
Address: 7345 SW 264 TERR
City-St-Zip: HOMESTEAD, FL

Title: DST ( ) Delete
Name: WRUBLE, RAE
Address: 15303 SW 84 COURT
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: STIERHEIM, MERRETT
Address: 6720 SW 124 STREET
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete
Name: KIMBALL, DAN
Address: 40001 SR 9336
City-St-Zip: HOMESTEAD, FL 33034

Title: D ( ) Delete
Name: BARRETO, RODNEY
Address: 235 CATALONIA AVE
City-St-Zip: CORAL GABLES, FL 33134

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: D (X) Change ( ) Addition
Name: TROTTA, RICHARD
Address: 56 STONEY DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: LLOYD L. WRUBLE DR. 03/30/2009

Electronic Signature of Signing Officer or Director — Date