2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2009
Secretary of State

DOCUMENT# N08000002312

Entity Name: INFANT & CHILDREN SLEEP APNEA AWARENESS FOUNDATION, INC.

Current Principal Place of Business:

14 CUNNINGHAM DR
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

P O BOX 2328
NEW SMYRNA BEACH, FL 32170-23 28

New Mailing Address:

FEI Number: 26-2550073 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOGUIDICE, JOE
1515 RIDGEWOOD AVE
A
HOLLY HILL, FL 32117 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: P ( ) Delete
Name: BREAREY, TERRI LYNN
Address: P O BOX 2328
City-St-Zip: NEW SMYRNA BEACH, FL 321702328

Title: VPD ( ) Delete
Name: BREAREY, PETE
Address: P O BOX 2328
City-St-Zip: NEW SMYRNA BEACH, FL 321702328

Title: SD ( ) Delete
Name: MCCRARY, MICHELLE
Address: P O BOX 2328
City-St-Zip: NEW SMYRNA BEACH, FL 321702328

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:

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: TERRI LYNN BREAREY P 09/01/2009

Electronic Signature of Signing Officer or Director — Date