

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002870

FILED
May 01, 2009
Secretary of State

Entity Name: THOMPkins/TOMPkins FAMILY FOUNDATION, INC.

Current Principal Place of Business:

780 N.E. 199TH STREET
MIAMI, FL 33179

New Principal Place of Business:

780 N.E. 199TH STREET
E-102
MIAMI, FL 33179

Current Mailing Address:

780 N.E. 199TH STREET
MIAMI, FL 33179

New Mailing Address:

780 N.E. 199TH STREET
E-102
MIAMI, FL 33179

FEI Number: 45-0587042 **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:

Name and Address of New Registered Agent:

THOMPkins, WILLIE J
780 NE 199TH STREET
E-102
MIAMI, FL 33179 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:

Title: PD () Delete
Name: THOMPkins, WILLIE J
Address: 780 NE 199TH STREET, E-102
City-St-Zip: MIAMI, FL 33179

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Delete
Name: THOMPkins SURANCY, RACHELLE
Address: 17300 NW 37TH COURT
City-St-Zip: MIAMI, FL 33055

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Delete
Name: THOMPkins, STANLEY
Address: 14252 SW 104TH LANE
City-St-Zip: MIAMI, FL 33176

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: WILLIE J. THOMPkins

P/D

05/01/2009

Electronic Signature of Signing Officer or Director

Date