2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# N08000005194

Entity Name: CHIRP EMPLOYEE ASSISTANCE FUND, INC.

Current Principal Place of Business:

800 CONCOURSE PARKWAY SOUTH
SUITE 200
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

800 CONCOURSE PARKWAY SOUTH
SUITE 200
MAITLAND, FL 32751

New Mailing Address:

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

Name and Address of Current Registered Agent:

ANNICHIARICO, JO ANNE
800 CONCOURSE PARKWAY SOUTH
SUITE 200
MAITLAND, FL 32751 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:	D	( ) Delete
Name:	ANNICHIARCO, JO ANNE	
Address:	800 CONCOURSE PARKWAY SOUTH, SUITE 200	
City-St-Zip:	MAITLAND, FL 32751	
Title:	D	( ) Delete
Name:	LOPEZ, ASTRID	
Address:	800 CONCOURSE PARKWAY SOUTH, SUITE 200	
City-St-Zip:	MAITLAND, FL 32751	
Title:	D	( ) Delete
Name:	PLYLER, NANCY	
Address:	800 CONCOURSE PARKWAY SOUTH, SUITE 200	
City-St-Zip:	MAITLAND, FL 32751	
Title:	D	( ) Delete
Name:	RIGGLE, KAREN	
Address:	800 CONCOURSE PARKWAY SOUTH, SUITE 200	
City-St-Zip:	MAITLAND, FL 32751	
Title:	D	( ) Delete
Name:	SAMAROO, NATASHA	
Address:	800 CONCOURSE PARKWAY SOUTH, SUITE 200	
City-St-Zip:	MAITLAND, FL 32751	

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:	( ) 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: ASTRID LOPEZ D 03/12/2009

Electronic Signature of Signing Officer or Director — Date