

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005403

FILED
Mar 31, 2009
Secretary of State

Entity Name: THE COMMUNICATION FOUNDATION, INC.

Current Principal Place of Business:

7840 SW 86TH STREET
21
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

7840 SW 86TH STREET
21
MIAMI, FL 33143

New Mailing Address:

FEI Number: 26-2745174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, JOHN C
540 BILTMORE WAY
CORAL GABLES, FL 33134 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: CEO () Delete
Name: WOLFE, CHRISTOPHER
Address: 7840 SW 86TH STREET, #21
City-St-Zip: MIAMI, FL 33143 US

Title: DIR () Delete
Name: KORGE, ANDREW
Address: 300 ARAGON AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DIR () Delete
Name: HARTNETT, JAMES D
Address: P.O. BOX 143712
City-St-Zip: CORAL GABLES, FL 33114 US

Title: DIR () Delete
Name: ADAMS, JOHN C
Address: 540 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134 US

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:

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: CHRIS WOLFE

PRES

03/31/2009

Electronic Signature of Signing Officer or Director

Date