

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0800000552

FILED
Apr 15, 2009
Secretary of State

Entity Name: TIM HARDAWAY FOUNDATION INC

Current Principal Place of Business:

4000 PONCE DE LEON BLVD
SUITE #470
CORAL GABLES, FL 331461432

New Principal Place of Business:

Current Mailing Address:

4000 PONCE DE LEON BLVD
SUITE #470
CORAL GABLES, FL 331461432

New Mailing Address:

FEI Number: 26-2434438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDAWAY, TIM
4000 PONCE DE LEON BLVD
SUITE #470
CORAL GABLES, FL 331461432 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: CH () Delete
Name: HARDAWAY, TIM
Address: 4000 PONCE DE LEON BLVD #470
City-St-Zip: CORAL GABLES, FL 331461432

Title: VCH () Delete
Name: HARDAWAY, YOLANDA
Address: 4000 PONCE DE LEON BLVD #470
City-St-Zip: CORAL GABLES, FL 331461432

Title: D () Delete
Name: BOSSELER, DON
Address: 7636 SW 102 STREET #214
City-St-Zip: PINECREST, FL 33156

Title: D () Delete
Name: MOSCOSO DENIS, RACHEL
Address: 6751 SW 88TH STREET SUITE A102
City-St-Zip: PINECREST, FL 33156

Title: D () Delete
Name: LAROCHE, PAUL J
Address: 10945 SW 119 STREET
City-St-Zip: MIAMI, FL 33176

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: TIM HARDAWAY

CH

04/15/2009

Electronic Signature of Signing Officer or Director

Date