

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007306

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: DALE C. CHRISTENSEN FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

555 PALMETTO ROAD  
BELLEAIR, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

555 PALMETTO ROAD  
BELLEAIR, FL 33756

**New Mailing Address:**

FEI Number: 26-4008634      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEIST, REBECCA L  
911 CHESTNUT STREET  
CLEARWATER, FL 33756      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: CHRISTENSEN-BRODEN, CAROLE  
Address: 555 PALMETTO ROAD  
City-St-Zip: BELLEAIR, FL 33756

Title: D      ( ) Delete  
Name: POLLARD, MARK  
Address: 555 PALMETTO ROAD  
City-St-Zip: BELLEAIR, FL 33756

Title: D      ( ) Delete  
Name: CHRISTENSEN, KISA  
Address: 555 PALMETTO ROAD  
City-St-Zip: BELLEAIR, FL 33756

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: BRODIN-CHRISTENSEN, CAROLE  
Address: 555 PALMETTO ROAD  
City-St-Zip: BELLEAIR, FL 33756

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: CAROLE BRODIN-CHRISTENSEN

D

03/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date