

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009242

FILED
Sep 09, 2009
Secretary of State

Entity Name: STARFISH IN ACTION FOUNDATION, INC.

Current Principal Place of Business:

8359 BEACON BLVD.
SUITE 322
FORT MYERS, FL 33907

New Principal Place of Business:

8359 BEACON BLVD.
SUITE 402
FORT MYERS, FL 33907

Current Mailing Address:

8359 BEACON BLVD.
SUITE 322
FORT MYERS, FL 33907

New Mailing Address:

8359 BEACON BLVD.
SUITE 402
FORT MYERS, FL 33907

FEI Number: 26-3584626 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:

VELAZQUEZ, CARLOS
8359 BEACON BLVD.
SUITE 322
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

HERRON, JODI L
8359 BEACON BLVD.
SUITE 402
FORT MYERS, FL 33907 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: JODI L HERRON

09/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VELAZQUEZ, CARLOS
Address: 8359 BEACON BLVD., SUITE 322
City-St-Zip: FORT MYERS, FL 33907 US

Title: VP () Delete
Name: CRUMPACKER, TINA
Address: 8359 BEACON BLVD., SUITE 322
City-St-Zip: FORT MYERS, FL 33907 US

Title: S/T () Delete
Name: BOTTINELLI, CONNIE
Address: 8359 BEACON BLVD., SUITE 322
City-St-Zip: FORT MYERS, FL 33907 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MINOR, ESZTER
Address: 8359 BEACON BLVD., SUITE 402
City-St-Zip: FORT MYERS, FL 33907 US

Title: VP (X) Change () Addition
Name: KENT, ROBERT A
Address: 8359 BEACON BLVD., SUITE 402
City-St-Zip: FORT MYERS, FL 33907 US

Title: T (X) Change () Addition
Name: HERRON, JODI L
Address: 8359 BEACON BLVD., SUITE 402
City-St-Zip: FORT MYERS, FL 33907 US

Title: S () Change (X) Addition
Name: HENDERSON, ASHLEY
Address: 8359 BEACON BLVD., SUITE 402
City-St-Zip: FORT MYERS, FL 33907 US

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: JODI L HERRON

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09/09/2009

Electronic Signature of Signing Officer or Director

Date