2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2009
Secretary of State

DOCUMENT# N08000009991

Entity Name: FOUNDATION FOR MODERN LIVING INC.

Current Principal Place of Business:

544 INDIAN KEY DRIVE
PORT ST LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

544 INDIAN KEY DRIVE
PORT ST LUCIE, FL 34986

New Mailing Address:

FEI Number: 80-0239977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

CSIGAY, RUSSELL
544 INDIAN KEY DRIVE
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

CSIGAY, RUSSELL J PRES
544 INDIAN KEY DRIVE
PORT ST LUCIE, FL 34986 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: RUSSELL J. CSIGAY 08/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CSIGAY, RUSSELL
Address: 544 INDIAN KEY DRIVE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: S ( ) Delete
Name: CHANG, PEI F
Address: 544 INDIAN KEY DRIVE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: T ( ) Delete
Name: JOHNSON, RALJEAN P
Address: 544 INDIAN KEY DRIVE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: D ( ) Delete
Name: PRINCE, ALICIA
Address: 544 INDIAN KEY DRIVE
City-St-Zip: PORT ST LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CSIGAY, RUSSELL J PRES.
Address: 544 INDIAN KEY DRIVE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: S (X) Change ( ) Addition
Name: CHANG, PEI F SEC.
Address: 544 INDIAN KEY DRIVE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: T (X) Change ( ) Addition
Name: JOHANNSEN, RAIJEAN P TREAS.
Address: 544 INDIAN KEY DRIVE
City-St-Zip: PORT ST LUCIE, FL 34986

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: RAIJEAN P. KRAYNICK-SCHAFFER POA 08/29/2009
Electronic Signature of Signing Officer or Director Date