

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011267

FILED
Jun 25, 2009
Secretary of State

Entity Name: TURNING POINT THERAPY FOUNDATION, INC.

Current Principal Place of Business:

994 SANCTUARY DRIVE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

994 SANCTUARY DRIVE
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 20-1114991 **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:

COATES, RAMONA
1345 "F" ROAD
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

COATES, RAMONA
1345
LOXAHATCHEE, FL 33470 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: RAMONA COATES

06/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COATES, CYNTHIA
Address: 994 SANCTUARY DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: WYLIE, KEITH
Address: 2270 LA COURT LANE
City-St-Zip: MALABAR, FL 32950

Title: D () Delete
Name: COATES, RAMONA
Address: 1345 F ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: CONSANTAKOS, JOHN S JR.
Address: 1505 LANCE
City-St-Zip: JUPITER, FL 33469

Title: D () Delete
Name: COATES, TOM
Address: 1345 F ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: COATES, TRICIA
Address: 948 CINDY DRIVE
City-St-Zip: WELLINGTON, FL 33414

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:

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: TRICIA COATES

D

06/25/2009

Electronic Signature of Signing Officer or Director

Date