2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 21, 2009
Secretary of State

DOCUMENT# N08000011305

Entity Name: VONNIE HOLLIDAY FOUNDATION, INC.

Current Principal Place of Business:

2201 E COUNTRY CLUB DRIVE APT 410
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

2201 E COUNTRY CLUB DRIVE APT 410
AVENTURA, FL 33180

New Mailing Address:

1060 CANTER ROAD NE
ATLANTA, GA 30324

FEI Number: **FEI Number Applied For (X)** **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:

BLAIR, LAURENCE I ESQ
100 W CYPRESS CREEK ROAD SUITE 700
FORT LAUDERDALE, FL 33309 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: HOLLIDAY, DIMETRY G
Address: 2201 E COUNTRY CLUB DRIVE APT 410
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete
Name: WARREN, THOYD
Address: 2201 E COUNTRY CLUB DRIVE APT 410
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete
Name: HOLLIDAY, SUZANNAH
Address: 2201 E COUNTRY CLUB DRIVE APT 410
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete
Name: HOLLIDAY, EBONI
Address: 2201 E COUNTRY CLUB DRIVE APT 410
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete
Name: FABRIKANT, CARY
Address: 3300 NE 191ST STREET
City-St-Zip: AVENTURA, FL 33180

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: DIMETRY HOLLIDAY D 09/21/2009
Electronic Signature of Signing Officer or Director — Date