2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2009
Secretary of State

DOCUMENT# N09000000038

Entity Name: BLANDINA INFANTE DRAPIZA FOUNDATION, INC.

Current Principal Place of Business:

6879 SHADOW CAST LANE
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

6879 SHADOW CAST LANE
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 01-0553584 **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:

DRAPIZA, LILLIAN A
1402 LESLIE DR
LAKELAND, FL 33801 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: DRAPIZA, BENJAMIN I
Address: 204 W CREST RD
City-St-Zip: ROSSDALE, GA 30741

Title: D ( ) Delete
Name: WILKERSON, BLANDINA D
Address: 100 SW 4TH
City-St-Zip: MULBERRY, FL 33860

Title: D ( ) Delete
Name: LIBDAN, ROY A
Address: 3172 VISTA CT
City-St-Zip: NEW WINDSOR, MD 21776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DRAPIZA, ANDRES I
Address: 6879 SHADOW CAST LANE
City-St-Zip: LAKELAND, FL 33813

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: DRAPIZA, RUDY
Address: 6879 SHADOW CAST LANE
City-St-Zip: LAKELAND, FL 33813

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: ANDRES DRAPIZA P 05/26/2009

Electronic Signature of Signing Officer or Director — Date