

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000009714

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** WOBBLY FEET FOUNDATION, INC.

**Current Principal Place of Business:**

3207 48TH STREET EAST  
PARRISH, FL 34221

**New Principal Place of Business:**

**Current Mailing Address:**

3207 48TH STREET EAST  
PARRISH, FL 34221

**New Mailing Address:**

**FEI Number:** 27-1068774

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DZEMBO, SAMANTHA  
3207 48TH STREET EAST  
PARRISH, FL 34221 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:** PD  
**Name:** DZEMBO, SAMANTHA  
**Address:** 3207 48TH STREET EAST  
**City-St-Zip:** PARRISH, FL 34221

**Title:** VPD  
**Name:** CASTELLANO, KATHLEEN  
**Address:** 1917 NEPTUNE DR  
**City-St-Zip:** ENGLEWOOD, FL 34233

I hereby 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 all other like empowered.

**SIGNATURE:** SAMANTHA DZEMBO

PD

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date