

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10421

FILED
Apr 24, 2009
Secretary of State

Entity Name: HOWARD W. LONG FOUNDATION, INC.

Current Principal Place of Business:

PO BOX 3127
PALM BEACH, FL 33480 US

New Principal Place of Business:

4400 NORTHCORP PARKWAY
249
PALM BEACH GARDENS, FL 33410 US

Current Mailing Address:

PO BOX 3127
PALM BEACH, FL 33480 US

New Mailing Address:

FEI Number: 59-2555597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, HOWARD W
7711 NORTH MILITARY TR
SUITE 1010
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

LONG, HOWARD W
4400 NORTHCORP PARKWAY
SUITE 249
PALM BEACH GARDENS, FL 33410 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: _____

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDV () Delete
Name: LONG, HOWARD W
Address: 7711 NORTH MILITARY TR SUITE 1010
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: DS () Delete
Name: LONG, WENDY D
Address: 7711 NORTH MILITARY TR SUITE 1010
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDV (X) Change () Addition
Name: LONG, HOWARD W
Address: 4400 NORTHCORP PARKWAY SUITE 249
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: DS (X) Change () Addition
Name: LONG, WENDY D
Address: 4400 NORTHCORP PARKWAY SUITE 249
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: WENDY D. LONG

DS

04/24/2009

Electronic Signature of Signing Officer or Director

Date