

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10653

FILED
Apr 22, 2009
Secretary of State

Entity Name: THE ASHBY FOUNDATION, INC.

Current Principal Place of Business:

800 S OSPREY AVE
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

800 S OSPREY AVE
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 59-2570514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUPLEE, T R
800 S OSPREY AVENUE
SARASOTA, FL 34236 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: PDV () Delete
Name: DREWS, MATT
Address: 800 S OSPREY AVE
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: HOGGLE, JOHN
Address: 800 OSPREY AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: HOWELL, EDWARD
Address: 1521 SHADOW RIDGE CIR.
City-St-Zip: SARASOTA, F L.,

Title: DS () Delete
Name: DREWS, LAUREN ASHBY
Address: 800 S OSPREY AVE
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: SUPLEE, T R
Address: 800 S OSPREY AVE
City-St-Zip: SARASOTA, FL 34236

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: T R SUPLEE

RA

04/22/2009

Electronic Signature of Signing Officer or Director

Date