

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17310

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** THE ECCLESTONE FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

1555 PALM BCH LAKES BLVD 1100  
P.O. BOX 3267  
WEST PALM BCH, FL 33402

**New Principal Place of Business:**

1555 PALM BCH LAKES BLVD  
STE 1100  
WEST PALM BCH, FL 33401

**Current Mailing Address:**

C/O FLORIDA MANAGEMENT COMPANY  
P.O. BOX 3267  
WEST PALM BEACH, FL 33402

**New Mailing Address:**

**FEI Number:** 59-2719330      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ECCLESTONE JR., E.L.  
1555 PALM BCH LAKES BLVD 1100  
W PALM BCH, FL 33401      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: VD ( ) Delete  
Name: LEYENDECKER, HELENA  
Address: 1555 PALM BEACH LAKES BLVD #1100  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: STD ( ) Delete  
Name: GAMMON, NANNETTE  
Address: 1555 PALM BEACH LAKES BLVD #1100  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: MENDELSON, WENDY  
Address: 1555 PALM BEACH LAKES BLVD #1100  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DCP ( ) Delete  
Name: E L ECCLESTONE  
Address: 1555 PALM BEACH LAKES BLVD STE 1100  
City-St-Zip: W PALM BEACH, FL 33401

Title: DV ( ) Delete  
Name: ECCLESTONE, DIANA  
Address: 1555 PALM BEACH LAKES BLVD #1100  
City-St-Zip: WEST PALM BEACH, FL 33401

**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: NANNETTE GAMMON

S

03/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date