

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18819

FILED
Apr 23, 2009
Secretary of State

Entity Name: THE TURTLE RUN FOUNDATION, INC.

Current Principal Place of Business:

7932 WILES ROAD
CORAL SPRINGS, FL 33067 US

New Principal Place of Business:

Current Mailing Address:

7932 WILES ROAD
CORAL SPRINGS, FL 33067 US

New Mailing Address:

FEI Number: 65-0238952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT KAYE & ASSOCIATES, P.A.
6261 NW 6TH WAY, STE. 103
FORT LAUDERDALE, FL 33309 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: P () Delete
Name: KAPISH, CHRIS
Address: 7932 WILES ROAD
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: V () Delete
Name: DILAURA, BARBARA
Address: 7932 WILES ROAD
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: S () Delete
Name: WALLINGTON, KEVIN
Address: 7932 WILES RD.
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: T () Delete
Name: JARO, MARC
Address: 7932 WILES ROAD
City-St-Zip: CORAL SPRINGS, FL 33067 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: FINK, CHRISTINE
Address: 7932 WILES RD.
City-St-Zip: CORAL SPRINGS, FL 33067 US

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: CHRIS KAPISH

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date