

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24167

FILED
Jan 13, 2009
Secretary of State

Entity Name: E.A.S.E. FOUNDATION, INC.

Current Principal Place of Business:

6901 ORANGE DRIVE
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

6901 ORANGE DRIVE
DAVIE, FL 33314 US

New Mailing Address:

FEI Number: 65-0050648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEINRICHERT, JAMES E.
6255 STERLING RD.
DAVIE, FL 33314 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: DP () Delete
Name: OWEN, LINDA J
Address: 6901 ORANGE DR
City-St-Zip: DAVIE, FL 33314

Title: DT () Delete
Name: WALLACE, CHRIS
Address: 4801 S. UNIVERSITY DR. STE #253
City-St-Zip: DAVIE, FL 33328

Title: DS () Delete
Name: RAO, MELINDA
Address: 1100 SE 3 AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: D () Delete
Name: STUEHRENBURG, DARRELL REV
Address: 7601 SW 39 ST
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: KLEINRICHERT, JIM
Address: 6255 STERLING RD
City-St-Zip: DAVIE, FL 33314

Title: C () Delete
Name: KLEIMAN, SCOTT
Address: 7320 GRIFFIN RD
City-St-Zip: FORT LAUDERDALE, FL 33314

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:

Title: C (X) Change () Addition
Name: SANTULLI, JOHN
Address: 3301 COLLEGE AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33314

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: LINDA J. OWEN

DP

01/13/2009

Electronic Signature of Signing Officer or Director

Date