

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24167

FILED
Jan 06, 2010
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:

4300 SW 57 AVENUE
DAVIE, FL 33314 US

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
Name: OWEN, LINDA J
Address: 6901 ORANGE DR
City-St-Zip: DAVIE, FL 33314

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

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

Title: D
Name: STUEHRENBERG, DARRELL REV
Address: 7601 SW 39 ST
City-St-Zip: DAVIE, FL 33328

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

Title: C
Name: SANTULLI, JOHN
Address: 3301 COLLEGE AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33314

I hereby 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 all other like empowered.

SIGNATURE: LINDA J. OWEN

DP

01/06/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date