

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27526

FILED
Apr 22, 2009
Secretary of State

Entity Name: THE JOHN R. & MATILDE F. LINDERS FOUNDATION, INC.

Current Principal Place of Business:

1130 HOOVER STREET
NOKOMIS, FL 34275 US

New Principal Place of Business:

Current Mailing Address:

1130 HOOVER STREET
NOKOMIS, FL 34275 US

New Mailing Address:

FEI Number: 65-0136032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOGELE, JEAN J DP
1130 HOOVER STREET
NOKOMIS, FL 34275 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: D () Delete
Name: THOMPSON, R. SCOTT D
Address: 1314 VENICE AVE. E
City-St-Zip: SARASOTA, FL 34285

Title: DP () Delete
Name: VOGLE, JEAN J DP
Address: 1130 HOOVER STREET
City-St-Zip: NOKOMIS, FL 34275

Title: DS () Delete
Name: THOMPSON, KEVIN M DS
Address: 113 SEBRING CIR
City-St-Zip: LEHIGH, FL 33972

Title: DT () Delete
Name: LEONE, PHILIP E DT
Address: 7227 TREYMORE COURT
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: THOMPSON, R. SCOTT D
Address: 1314 VENICE AVE. E
City-St-Zip: VENICE, FL 34285

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: PHILIP E. LEONE

DT

04/22/2009

Electronic Signature of Signing Officer or Director

Date