

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30568

FILED
Apr 27, 2009
Secretary of State

Entity Name: THE JESSE A. SPICOLA FOUNDATION, INC.

Current Principal Place of Business:

C/O CYNTHIA SPICOLA
11708 CASEY RD
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

C/O CYNTHIA SPICOLA
11708 CASEY RD
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 59-2973257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPICOLA, CYNTHIA D.
11708 CASEY ROAD
TAMPA, FL 33618 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: SPICOLA, JOSEPH JR
Address: 11708 CASEY RD
City-St-Zip: TAMPA, FL 33618 US

Title: D () Delete
Name: SPICOLA, CYNTHIA
Address: 11708 CASEY RD
City-St-Zip: TAMPA, FL 33618 US

Title: D () Delete
Name: FUENTES, LAWRENCE E.
Address: 1407 W. BUSCH BLVD.
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: SPICOLA, JOSEPH
Address: 11708 CASEY RD
City-St-Zip: TAMPA, FL 33618 US

Title: D () Delete
Name: SPICOLA, JONATHAN
Address: 11708 CASEY RD
City-St-Zip: TAMPA, FL 33618 US

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: CYNTHIA D. SPICOLA

D

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date