2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# N40162

Entity Name: THE FOUNDATION FOR THE CARE OF THE MIGRANT POOR, INC.

Current Principal Place of Business:

1000 PINEBROOK ROAD
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

1000 PINEBROOK ROAD
VENICE, FL 34285

New Mailing Address:

FEI Number: 65-0217282 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TWERION, DAN
1000 PINEBROOK RD.
VENICE, FL 34285 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
Name: DEWANE, FRANK J DD
Address: 1000 PINEBROOK RD
City-St-Zip: VENICE, FL 34285

Title: VP
Name: CONNOLLY, MICHAEL T C.F.C
Address: 1000 PINEBROOK RD.
City-St-Zip: VENICE, FL 34285

Title: T
Name: TRITSCHLER, ROBERT
Address: 2822 PROCTOR ROAD
City-St-Zip: SARASOTA, FL 34231

Title: S
Name: ARNOLD, KEITH
Address: 14101 RIVER ROAD
City-St-Zip: FORT MYERS, FL 33905

Title: D
Name: COLOSIMO, JAMES
Address: 4895 BONITA BEACH ROAD
City-St-Zip: BONITA BEACH, FL 34134

Title: D
Name: JAQUITH, MICHAEL
Address: 1525 TAMIAMI TRAIL S. SUITE 602
City-St-Zip: VENICE, FL 34292

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: DAN TWERION RA 02/18/2011

Electronic Signature of Signing Officer or Director — Date