

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 28, 2009
Secretary of State

DOCUMENT# N40474

Entity Name: THE PINO FAMILY FOUNDATION, INC.**Current Principal Place of Business:**255 S ORANGE AVENUE
6TH FLOOR
ORLANDO, FL 32801 US**New Principal Place of Business:**111 NORTH MAGNOLIA AVENUE
#1600
ORLANDO, FL 32801 US**Current Mailing Address:**P O BOX 1511
ORLANDO, FL 32802 US**New Mailing Address:****FEI Number:** 59-3009247 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**INCORPORATING SERVICES, LTD.
1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301 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: PINO, LAURENCE J
Address: 255 S ORANGE AVENUE, 6TH FLOOR
City-St-Zip: ORLANDO, FL 32801**Title:** DT () Delete
Name: NICKERSON, CRAIG
Address: 255 S. ORANGE AVE 6TH FLOOR
City-St-Zip: ORLANDO, FL 32801**Title:** DS () Delete
Name: WILSON, PATRICIA T
Address: 255 S ORANGE AVE 6TH FLOOR
City-St-Zip: ORLANDO, FL 32801**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DP (X) Change () Addition
Name: PINO, LAURENCE J
Address: 111 N. MAGNOLIA AVE., #1600
City-St-Zip: ORLANDO, FL 32801**Title:** DT (X) Change () Addition
Name: PINO, JANET H
Address: 111 NORTH MAGNOLIA AVENUE, #1600
City-St-Zip: ORLANDO, FL 32801**Title:** DS (X) Change () Addition
Name: WILSON, PATRICIA
Address: 111 N. MAGNOLIA AVENUE, #1600
City-St-Zip: ORLANDO, FL 32801

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: PATRICIA WILSON

SECR

09/28/2009

Electronic Signature of Signing Officer or Director

Date