

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 21, 2009
Secretary of State**

DOCUMENT# N42680

Entity Name: THE JEANETTE MCCORMACK REFUGE, INC.

Current Principal Place of Business:

536 SW LINDEN ST
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

536 SW LINDEN ST
STUART, FL 34997

New Mailing Address:

FEI Number: 65-0338320 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDER, RICHARD
536 SW LINDEN STREET
STUART, FL 34997 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: PD () Delete
Name: SANDER, RICHARD
Address: 536 SW LINDEN STREET
City-St-Zip: STUART, FL 34997

Title: TD () Delete
Name: DR. JAMES GRUBB,
Address: 525 SE 6TH AVENUE (FEDERAL HIGHWAY)
City-St-Zip: DELRAY BEACH, FL 33483

Title: SD () Delete
Name: SANDER, JOANNA M.,
Address: 536 SW LINDEN STREET
City-St-Zip: STUART, FL 34997

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:

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: RICHARD SANDER

PRES

03/21/2009

Electronic Signature of Signing Officer or Director

Date