

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44111

FILED
Mar 11, 2009
Secretary of State

Entity Name: PEMBROOK FOUNDATION, INC.

Current Principal Place of Business:

9089 ORLANDO AVENUE
NAVARRE, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

9089 ORLANDO AVENUE
NAVARRE, FL 32566 US

New Mailing Address:

FEI Number: 59-3091653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENNINGTON, JIM
9089 ORLANDO AVENUE
NAVARRE, FL 32566 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: TR () Delete
Name: SHEAR, ROBERT M.D.
Address: 1022 MCKEAN CIR
City-St-Zip: WINTER PARK, FL 32789

Title: TR () Delete
Name: SULLIVAN, JOHN,
Address: 1230 HENDRICKS AVE.
City-St-Zip: JACKSONVILLE, FL

Title: TR () Delete
Name: WROTEN, LEONARD
Address: 3520 STERLING LANE
City-St-Zip: ORLANDO, FL 32817

Title: C () Delete
Name: HOLDER, DAVID M.D.
Address: 1400 LYNDALE BLVD.
City-St-Zip: WINTER PARK, FL 32789

Title: CS () Delete
Name: PENNINGTON, PATTY
Address: 9089 ORLANDO AVENUE
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: PENNINGTON, JIM
Address: 9089 ORLANDO AVENUE
City-St-Zip: NAVARRE, FL 32566

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
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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: JIM PENNINGTON

D

03/11/2009

Electronic Signature of Signing Officer or Director

Date