2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2009
Secretary of State

DOCUMENT# N93000002305

Entity Name: THE IDELSON FOUNDATION, INC.

Current Principal Place of Business:

P.O. BOX 61532
FORT MYERS, FL 33906

New Principal Place of Business:

4507 SE 16TH PLACE
CAPE CORAL, FL 33904

Current Mailing Address:

P.O. BOX 61532
FORT MYERS, FL 33906

New Mailing Address:

FEI Number: 65-0418576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IDELSON, CHARLES K
4507 SE 16TH PLACE
CAPE CORAL, FL 33904 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: DPST ( ) Delete
Name: IDELSON, CHARLES
Address: 4507 SE 16TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

Title: DST ( ) Delete
Name: IDELSON, CHARLES K
Address: 4507 SE 16TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

Title: DV ( ) Delete
Name: WEINBERG, MIMI I
Address: 5718 BIRDWOOD
City-St-Zip: HOUSTON, TX 77096

Title: D ( ) Delete
Name: ALTERMAN, RACHEL M
Address: 6255 BARFIELD RD., STE. 100
City-St-Zip: ATLANTA, GA 30328

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:

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: CHARLES K. IDELSON DPST 02/08/2009

Electronic Signature of Signing Officer or Director — Date