

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004582

FILED
Apr 14, 2009
Secretary of State

Entity Name: THE MARVIN AND HELENE GRALNICK FOUNDATION, INC.

Current Principal Place of Business:

2340 PERIWINKLE WAY UNIT M-1
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

2340 PERIWINKLE WAY UNIT M-1
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 65-0445458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSTELLO, JAMES
2077 FIRST STREET
SUITE 203
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

COSTELLO, JAMES M
2077 FIRST STREET
SUITE 203
FT. MYERS, FL 33901 US

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: JAMES M. COSTELLO

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GRALNICK, MARVIN J
Address: 2340 PERIWINKLE WAY, UNIT M-1
City-St-Zip: SANIBEL ISLAND, FL 33957

Title: DST () Delete
Name: GRALNICK, HELENE B
Address: 2340 PERIWINKLE WAY, UNIT M-1
City-St-Zip: SANIBEL ISLAND, FL 33957

Title: D () Delete
Name: GIORDANI, LESLIE C
Address: 100 CONGRESS AVE STE 2200
City-St-Zip: AUSTIN, TX 78701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GIORDANI, LESLIE C
Address: 100 CONGRESS AVE STE 1440
City-St-Zip: AUSTIN, TX 78701

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: LESLIE C. GIORDANI

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date