## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000004626

FILED Mar 19, 2009 Secretary of State

Entity Name: THE REILLY FOUNDATION, INC.

	Principal Place of Business:	New Principal Plac	e of Business:	
	. 88TH WAY PRINGS, FL 33071			
Current N	lailing Address:	New Mailing Addre	ess:	
	. 88TH WAY PRINGS, FL 33071			
El Number	: 65-6155303 FEI Number Appli	ed For ( ) FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
lame and	d Address of Current Registere	d Agent: Name and Address	of New Registered Agent:	
I109 NW CORAL S The above		ment for the purpose of changing its registe	red office or registered agent, or both,	
	e of Florida.			
SIGNATU	Electronic Signature of Re	eaistered Agent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
itle: lame: ddress: city-St-Zip:	V ( ) Delete BRUNER, MIKE 3692 NW 73RD WAY CORAL SPRINGS, FL 33065	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
itle: lame: .ddress:	P ( ) Delete JAMES, REILLY J 1811 NW 88 WAY CORAL SPRINGS, FL	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
ity-St-Zip:				
itle: lame: ddress:	D ( ) Delete RAY, JAMES 83105 SHADDOWOOD CORAL SPRINGS, FL 33071	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
itle: lame: ddress: ittle: late: late: late: litle: late: la	RAY, JAMES 83105 SHADDOWOOD	Name: Address: City-St-Zip: Title: Name:	( ) Change ( ) Addition ( ) Change ( ) Addition	
itle: lame: .ddress: city-St-Zip: itle: lame: .ddress:	RAY, JAMES 83105 SHADDOWOOD CORAL SPRINGS, FL 33071  D ( ) Delete WELLS, THOMAS 5950 W OAKLAND PARK BLVD., SU	Name: Address: City-St-Zip: Title: Name: ITE 210 Address:		

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: JAMES J REILLY PRES 03/19/2009