

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005215

FILED
Apr 22, 2009
Secretary of State

Entity Name: THE SUMMIT ENDOWMENT FOUNDATION, INC.

Current Principal Place of Business:

700 EAST WELCH RD.
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

700 EAST WELCH RD.
APOPKA, FL 32712

New Mailing Address:

FEI Number: 59-3220396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIGALL, BARBARA A
700 E WELCH RD
APOPKA, FL 32712 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: PRES () Delete
Name: OSMUNDSON, LINDA A
Address: 266 23RD AVE SE
City-St-Zip: ST PETERSBURG, FL 33705

Title: SEC () Delete
Name: LINDSAY, LEIGH A
Address: 209 SWEETWATER BLVD S
City-St-Zip: LONGWOOD, FL 32779

Title: TRS () Delete
Name: KEYES, WAYNE
Address: 62 HILLCREST STREET
City-St-Zip: OVIEDO, FL 32765

Title: VP () Delete
Name: WILLIAMS, JUDITH P
Address: 7818 LAS CANAS COURT
City-St-Zip: JACKSONVILLE, FL 32256

Title: DIR (X) Delete
Name: WATKINS, PEGGY
Address: 925 SUSAN DRIVE
City-St-Zip: LAKE LAND, FL 33803

Title: DIR () Delete
Name: SCHIERHOLZ, CAROLE
Address: 4103 CARROLLWOOD VILLAGE DR
City-St-Zip: TAMPA, FL 33618

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: VP (X) Change () Addition
Name: WATKINS, PEGGY
Address: 925 SUSAN DRIVE
City-St-Zip: LAKE LAND, FL 33803

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: LINDA A, OSMUNDSON

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date