

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001936

FILED
Apr 28, 2009
Secretary of State

Entity Name: ELEVEN FORTY-NINE FOUNDATION, INC.

Current Principal Place of Business:

50 PINE ISLAND ROAD
#15
NORTH FORT MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

50 PINE ISLAND ROAD
#15
NORTH FORT MYERS, FL 33903 US

New Mailing Address:

FEI Number: 65-0488153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGINN, MICHAEL R
13180 N CLEVELAND AVE
#123
N FT MYERS, FL 33903 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: D () Delete
Name: TURK, GARY E
Address: 1714 NE 6TH STREET
City-St-Zip: CAPE CORAL, FL 33909

Title: D () Delete
Name: HAWKEN, ROBERT E
Address: 5913 UNTERMYER CT
City-St-Zip: N FT MYERS, FL 33903

Title: VP () Delete
Name: PAULEY, RICK
Address: 2416 SW 5TH TER # 2
City-St-Zip: CAPE CORAL, FL 33991

Title: TR () Delete
Name: LAPPIN, MICHAEL
Address: 1434 SE 19TH TER
City-St-Zip: CAPE CORAL, FL 33990

Title: DP () Delete
Name: HILL, HOLLY
Address: 6037 PERTSHIRE LANE
City-St-Zip: FT. MYERS, FL 33908

Title: S () Delete
Name: SMITH, TERESA L
Address: 8085 TOLLES DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: SIMPSON, BETTY JO
Address: 4519 SW 8TH PL
City-St-Zip: CAPE CORAL, FL 33914

Title: TR (X) Change () Addition
Name: BURRIS, KAREN J
Address: 2024 NW 17TH ST
City-St-Zip: CAPE CORAL, FL 33993

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: KAREN J. BURRIS

TR

04/28/2009

Electronic Signature of Signing Officer or Director

Date