## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000002370

Entity Name: ATHENA DAAT FOUNDATION, INC.

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9999 COLLINS AVENUE 523 MICHIGAN AVENUE UNIT 5G MIAMI BEACH, FL 33139

BAL HARBOUR, FL 33154

Current Mailing Address: New Mailing Address:

9999 COLLINS AVENUE 523 MICHIGAN AVENUE UNIT 5G MIAMI BEACH, FL 33139 BAL HARBOUR, FL 33154

FEI Number: 65-0444675 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRYD, JONATHAN FRYD, JONATHAN E
523 MICHIGAN AVE
523 MICHIGAN AVE
523 MICHIGAN AVE

MIAMI BEACH, FL 33139 US MIAMI BEACH, FL 33139 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: JONATHAN E. FRYD 01/15/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 FRYD, CAROL
 Name:
 FRYD, CAROL

 Address:
 9999 COLLINS AVENUE
 Address:
 523 MICHIGAN AVENUE

 City-St-Zip:
 BAL HARBOUR, FL 33154
 City-St-Zip:
 MIAMI BEACH, FL 33139

Title: DV ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SCHECHTER, CAROLINE F
 Name:

 Address:
 523 MICHIGAN AVENUE
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:

Title: DS (X) Delete Title: ( ) Change ( ) Addition

 Name:
 TOMMANEY, JAMES
 Name:

 Address:
 2811 SOMERSET DRIVE #104
 Address:

 City-St-Zip:
 LAUDERDALE LAKES, FL 33311
 City-St-Zip:

Title: DT () Delete Title: () Change () Addition

 Name:
 FRYD, JONATHAN E
 Name:

 Address:
 523 MICHIGAN AVENUE
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33139
 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: JONATHAN E. FRYD DT 01/15/2009