

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003340

FILED
Apr 13, 2009
Secretary of State

Entity Name: THE BERNARD A. EGAN FOUNDATION, INC.

Current Principal Place of Business:

1900 OLD DIXIE HWY
FT. PIERCE, FL 34946

New Principal Place of Business:

Current Mailing Address:

1900 OLD DIXIE HWY
FT. PIERCE, FL 34946

New Mailing Address:

FEI Number: 65-0501660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARNELL, RICHARD M JR.
1900 OLD DIXIE HWY.
FORT PIERCE, FL 34946 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: DVP () Delete
Name: EMERICK, BERNADETTE M
Address: 465 12TH PLACE SE
City-St-Zip: VERO BEACH, FL 32962

Title: DS () Delete
Name: NELSON, GREGORY P
Address: 1806 OCEAN DR.
City-St-Zip: VERO BEACH, FL 32963

Title: DT () Delete
Name: GILET, JEAN JACQUES
Address: 402 SPYGLASS LANE
City-St-Zip: VERO BEACH, FL 32963

Title: DAT () Delete
Name: EGAN, J B III
Address: 1900 OLD DIXIE HWY.
City-St-Zip: FORT PIERCE, FL 34946

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: EMERICK, BERNADETTE M
Address: 465 12TH PLACE SE
City-St-Zip: VERO BEACH, FL 32962

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

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

Title: DVP (X) Change () Addition
Name: EGAN, J B III
Address: 1900 OLD DIXIE HWY.
City-St-Zip: FORT PIERCE, FL 34946

Title: AST () Change (X) Addition
Name: ROHM, CATHRINE M
Address: 2627 N INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34946

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: GREGORY P NELSON

DS

04/13/2009

Electronic Signature of Signing Officer or Director

Date