

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004624

FILED
Apr 20, 2009
Secretary of State

Entity Name: THE SIONA-SECOYA FOUNDATION, INC.

Current Principal Place of Business:

7735 S.W. 100TH AVENUE
MIAMI, FL 33173

New Principal Place of Business:

217 N.E. 6TH AVENUE
GAINESVILLE, FL 32601

Current Mailing Address:

7735 S.W. 100TH AVENUE
MIAMI, FL 33173

New Mailing Address:

217 N.E. 6TH AVENUE
GAINESVILLE, FL 32601

FEI Number: 65-0524333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VICKERS, WILLIAM T
7735 S.W. 100TH AVENUE
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

VICKERS, WILLIAM T
217 N.E. 6TH AVENUE
GAINESVILLE, FL 32601 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: _____

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VICKERS, WILLIAM T
Address: 7735 S.W. 100TH AVENUE
City-St-Zip: MIAMI, FL 33173

Title: SD () Delete
Name: VICKERS, EDITE V
Address: 7735 S.W. 100TH AVENUE
City-St-Zip: MIAMI, FL 33173

Title: VD () Delete
Name: VICKERS, RAYMOND B
Address: 811 LAKE RIDGE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: VICKERS, SARAH P
Address: 109 MAGNOLIA STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: TD () Delete
Name: DUGGAR, THOMAS E
Address: 1391 TIMBERLANE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: KEUCHEL, EDWARD F
Address: 812 PIEDMONT DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VICKERS, WILLIAM T
Address: 217 N.E. 6TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: SD (X) Change () Addition
Name: VICKERS, EDITE V
Address: 217 N.E. 6TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

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

Title: D (X) Change () Addition
Name: VICKERS, SARAH P
Address: 301 FALL MOUNTAIN ROAD
City-St-Zip: BRISTOL, CT 06010

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: WILLIAM T. VICKERS

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date