

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004833

FILED  
Jul 15, 2009  
Secretary of State

Entity Name: OLD DILLARD FOUNDATION, INC.

**Current Principal Place of Business:**

1009 NW 4TH ST  
FT LAUDERDALE, FL 33311 US

**New Principal Place of Business:**

**Current Mailing Address:**

1009 NW 4TH ST  
FT LAUDERDALE, FL 33311 US

**New Mailing Address:**

FEI Number: 65-0543947      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

HYATT, NOEL  
465 SW 5 AVENUE  
FORT LAUDERDALE, FL 33316 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WEST, PATRICIA  
Address: 4510 NW 25TH ST  
City-St-Zip: LAUDERHILL, FL 333133513

Title: SD ( ) Delete  
Name: MCNEALY, TIFFANY  
Address: 14300 SW 33RD COURT  
City-St-Zip: MIRAMAR, FL 33027

Title: TD ( ) Delete  
Name: CRAWFORD, CARL  
Address: 2737 NW 24 AVENUE  
City-St-Zip: OAKLAND PARK, FL 33311

Title: VD ( ) Delete  
Name: STRIGGLES-HORNE, EARLENE  
Address: 8939 NW 44 COURT  
City-St-Zip: SUNRISE, FL 33351

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TD (X) Change ( ) Addition  
Name: BRADLEY, JAMES  
Address: 1480 NW 33 AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33311

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: PATRICIA WEST

PD

07/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date