

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005970

FILED
Mar 21, 2008
Secretary of State

Entity Name: THE SNOWDEN FOUNDATION, INCORPORATED

Current Principal Place of Business:

10590 ETON WAY
VERO BEACH, FL 32963 US

New Principal Place of Business:

Current Mailing Address:

10590 ETON WAY
VERO BEACH, FL 32963 US

New Mailing Address:

FEI Number: 65-0551914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SNOWDEN, DIANE P
10590 ETON WAY
VERO BEACH, FL 32963 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: SNOWDEN, GUY B
Address: 10590 ETON WAY
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: SNOWDEN, DIANE P
Address: 10590 ETON WAY
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: MALIKOW, LOUIS R
Address: 44 ROBINWOOD DR
City-St-Zip: CLIFTON PARK, NY 12065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LOUIS R. MALIKOW

MR.

03/21/2008

Electronic Signature of Signing Officer or Director

Date