

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001818

Entity Name: MIMA FOUNDATION, INC.

FILED  
Feb 16, 2009  
Secretary of State

## Current Principal Place of Business:

5869 STONEWOOD CT.  
JUPITER, FL 33458

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 7133  
JUPITER, FL 334687133 US

## New Mailing Address:

FEI Number: 65-0571146

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

THOMAS, MARY K CRNA  
5869 STONEWOOD CT.  
JUPITER, FL 33458 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: PD ( ) Delete  
Name: THOMAS, MARY KAY  
Address: 5869 STONEWOOD CT.  
City-St-Zip: JUPITER, FL 33458 US

Title: VD ( ) Delete  
Name: PODBIELSKI, FRANCIS DR.  
Address: 212 MAPLEWOOD ROAD  
City-St-Zip: RIVERSIDE, IL 60546 US

Title: STD ( ) Delete  
Name: HERNAN, MARY JANEEN  
Address: 8815 W. 44TH PLACE  
City-St-Zip: BROOKFIELD, IL 60513

Title: D ( ) Delete  
Name: BENITEZ, NORBERTO, DR.  
Address: 309 PLANTATION CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete  
Name: JOSEPHS, AILEEN  
Address: 515 N. FLAGLER DR. # 300 PAV  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: DEDO, DOUGLAS D MD  
Address: 4060 PGA BLVD.  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

## 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:

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: MARY KAY THOMAS

PD

02/16/2009

Electronic Signature of Signing Officer or Director

Date