

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001980

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: MARION A. ROLETTI FOUNDATION, INC.

**Current Principal Place of Business:**

11421 TAFT ST.  
PEMBROKE PINES, FL 33026 US

**New Principal Place of Business:**

**Current Mailing Address:**

11421 TAFT ST.  
PEMBROKE PINES, FL 33026 US

**New Mailing Address:**

FEI Number: 65-0582978

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, NANCY C  
11421 TAFT ST  
PEMBROKE PINES, FL 33026 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: KLUMP, THOMAS  
Address: 439 S NETHERLAND CRESENT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: SMITH, NANCY C  
Address: 11421 TAFT STREET  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete  
Name: THOMAS, GLENDA  
Address: 1 FOREST RD.  
City-St-Zip: PONCA CITY, OK 74604

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

Title: D (X) Change ( ) Addition  
Name: KLUMP, THOMAS  
Address: 732 TOMLINSON TERR  
City-St-Zip: LAKE MARY, FL 32746

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: NANCY C. SMITH

DIR

01/08/2009

Electronic Signature of Signing Officer or Director

Date