2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N95000005330

Entity Name: JOHN W. NICK FOUNDATION, INC.

Current Principal Place of Business:

120 NEBRASKA CIRCLE
SEBASTIAN, FL 32958 US

New Principal Place of Business:

Current Mailing Address:

120 NEBRASKA CIRCLE
SEBASTIAN, FL 32958 US

New Mailing Address:

FEI Number: 65-0615995 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICK, NANCY E
120 NEBRASKA CIRCLE
SEBASTIAN, FL 32958 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:	NICK, NANCY E	
Address:	120 NEBRASKA CIRCLE	
City-St-Zip:	SEBASTIAN, FL 32958 US	
Title:	VPD	( ) Delete
Name:	AGOSTINO, MICHAEL R	
Address:	34128 WOODED GLEN DRIVE	
City-St-Zip:	GRAYSLAKE, IL 60030 US	
Title:	SD	( ) Delete
Name:	THEALL, BRENDA S	
Address:	136 12 PL SE	
City-St-Zip:	VERO BEACH, FL 32962 US	
Title:	TD	( ) Delete
Name:	CANCIO, LISSETTE	
Address:	1375 GATEWAY BLVD	
City-St-Zip:	BOYNTON BEACH, FL 33426 US	
Title:	D	( ) Delete
Name:	HOLMES, CLAUDETTE	
Address:	56 CLOVER DRIVE	
City-St-Zip:	WILTON, CT 06897 US	
Title:	D	( ) Delete
Name:	WILSON, EDWARD J	
Address:	29339 SECOND AVE	
City-St-Zip:	FEDERAL WAY, WA 98023 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: NANCY E. NICK PD 03/23/2009

Electronic Signature of Signing Officer or Director — Date