

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005889

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: TEJADA FAMILY FOUNDATION, INC.

## Current Principal Place of Business:

6880 SW 132 ST.  
MIAMI, FL 33156

## New Principal Place of Business:

## Current Mailing Address:

6880 SW 132 ST.  
MIAMI, FL 33156

## New Mailing Address:

FEI Number: 65-0634239

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TEJADA, FRANCISCO  
6880 SW 132 STREET  
MIAMI, FL 331567819 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: TEJADA, JAMES F  
Address: 6880 SW 132 ST.  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: TEJADA, BARBARA A  
Address: 6880 SW 132 ST.  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: FRANK, ANA M  
Address: 8231 SW 170 TERR  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: TROTTO, SEMIRAMIS  
Address: 142 HARRISON AVE  
City-St-Zip: WESTFIELD, NJ 07090

Title: D ( ) Delete  
Name: TEJADA, BARBARA L  
Address: 4570 13TH STREET APT.101  
City-St-Zip: BOULDER, CO 80304

Title: D ( ) Delete  
Name: TEJADA, FRANCISCO JR  
Address: 8604 FOWLER AVENUE  
City-St-Zip: PARKVILLE, MD 21234

## 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: FRANCISCO TEJADA

D

01/14/2009

Electronic Signature of Signing Officer or Director

Date