

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 19, 2009  
Secretary of State**

DOCUMENT# N96000000042

Entity Name: WYCLIFFE CHARITIES FOUNDATION, INC.

**Current Principal Place of Business:**

4650 WYCLIFFE COUNTRY CLUB BLVD.  
LAKE WORTH, FL 33449 US

**New Principal Place of Business:**

**Current Mailing Address:**

4650 WYCLIFFE COUNTRY CLUB BLVD.  
LAKE WORTH, FL 33449 US

**New Mailing Address:**

FEI Number: 65-0627269      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

RUBIN, MARIAN  
4136 MANCHESTER LAKE DR  
LAKE WORTH, FL 33449 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: S ( ) Delete  
Name: LENSKY, RHODA  
Address: 4362 KENSINGTON PWY  
City-St-Zip: LAKE WORTH, FL 33467

Title: T ( ) Delete  
Name: WEBBER, SUSAN  
Address: 10787 GREENBRIAR VILLA DR  
City-St-Zip: LAKE WORTH, FL 33449

Title: P ( ) Delete  
Name: RUBIN, MARIAN  
Address: 4136 MANCHESTER LAKE DR  
City-St-Zip: LAKE WORTH, FL 33449

**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: SUSAN WEBBER

T

01/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date