

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003633

FILED
Apr 20, 2009
Secretary of State

Entity Name: THE FUTURE FOUNDATION INC.

Current Principal Place of Business:

400 S FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

400 S FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009 US

New Mailing Address:

FEI Number: 65-0684443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOVE, DAVID
400 S FEDERAL HIGHWAY
HALLANDALE, FL 33009 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: TD () Delete
Name: LADOLCETTA, PATRICIA
Address: 400 S. FEDERAL HWY
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D () Delete
Name: ROSS, DOROTHY
Address: 400 S FEDERAL HWY
City-St-Zip: HALLANDALE BEACH, FL

Title: SD () Delete
Name: MUNDEN CORREA, REBECCA
Address: 400 SOUTH FEDERAL HIGHWAY
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D () Delete
Name: SCHILLER, FRANCINE
Address: 400 S FEDERAL HWY
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: PD () Delete
Name: COOPER, JOY
Address: 400 SOUTH FEDERAL HIGHWAY
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VPD () Delete
Name: JULIAN, WILLIAM
Address: 400 SOUTH FEDERAL HIGHWAY
City-St-Zip: HALLANDALE BEACH, FL 33009

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: D (X) Change () Addition
Name: SANDERS, ANTHONY
Address: 400 S FEDERAL HWY
City-St-Zip: HALLANDALE BEACH, FL 33009

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: PATRICIA M. LADOLCETTA

TD

04/20/2009

Electronic Signature of Signing Officer or Director

Date