2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N96000003658

Entity Name: AZIIZI FOUNDATION, INC.

Current Principal Place of Business:

5053 SE BOLLARD AVENUE
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

5053 SE BOLLARD AVENUE
STUART, FL 34997 US

New Mailing Address:

FEI Number: 65-0695127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RESNIK, BERNADETTE
5053 SE BOLLARD AVENUE
STUART, FL 34997 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:	DVP	( ) Delete
Name:	RESNIK, JOHN M	
Address:	5053 SE BOLLARD AVENUE	
City-St-Zip:	STUART, FL 34997	
Title:	PTD	( ) Delete
Name:	RESNIK, BERNADETTE	
Address:	5053 SE BOLLARD AVENUE	
City-St-Zip:	STUART, FL	
Title:	D	( ) Delete
Name:	BARZ, MARGY	
Address:	PO BOX 3016 N/A	
City-St-Zip:	STUART, FL 34995	
Title:	D	( ) Delete
Name:	GARTON, SHARON	
Address:	7800 SE WINDJAMMER WAY	
City-St-Zip:	HOBE SOUND, FL 33455	
Title:	D	( ) Delete
Name:	HERING-BENNETT, KIM	
Address:	1995 NE RIVER COURT	
City-St-Zip:	JENSEN BEACH, FL 34957	
Title:	D	( ) Delete
Name:	MATHEWS, LAUREN	
Address:	7750 SE MAMMOTH DR.	
City-St-Zip:	HOBE SOUND, FL 33455	

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: BERNADETTE RESNIK P 05/01/2009

Electronic Signature of Signing Officer or Director — Date