

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003905

FILED
Jan 06, 2009
Secretary of State

Entity Name: JACOB AND ANITA PENZER FOUNDATION, INC.

Current Principal Place of Business:

C/O ANITA PENZER
16882 RIVER BIRCH CIRCLE
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

C/O ANITA PENZER
16882 RIVER BIRCH CIRCLE
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 65-0710609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENZER, ANITA
16882 RIVER BIRCH CIRCLE
DELRAY BEACH, FL 33445 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: HARDY, PENZEZ
Address: 256 TWIN OAKS DR
City-St-Zip: JACKSONVILLE, OR 97530

Title: VPSD () Delete
Name: GOLDBLUM, ERNEST
Address: 16882 RIVER BIRCH CIRCLE
City-St-Zip: DELRAY BCH, FL 33445

Title: PD () Delete
Name: PENZER, ANITA
Address: 16882 RIVER BIRCH CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: PERRY, DONALD
Address: 666 5TH AVE C/O PHILLIPS NIZER BENJAMIN
City-St-Zip: NEW YORK, NY 101030084

Title: D () Delete
Name: PENZER, RICHARD
Address: 81 HARBOR VIEW
City-St-Zip: LAWRENCE, NY 11559

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: D (X) Change () Addition
Name: PENZER, RICHARD
Address: 81 HARBOR VIEW WEST
City-St-Zip: LAWRENCE, NY 11559

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: ANITA PENZER

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date