

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 02, 2010
Secretary of State

DOCUMENT# N96000003905

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:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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: ELIZABETH R. KONIECZNY - ASSISTANT VP

03/02/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: PENZER, MICHAEL
Address: 81 HARBOR VIEW WEST
City-St-Zip: LAWRENCE, NY 11559

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

Title: D
Name: PENZER, ARIEL
Address: 81 HARBOR VIEW WEST
City-St-Zip: LAWRENCE, NY 11559

Title: VPTD
Name: PENZER, RICHARD
Address: 81 HARBOR VIEW WEST
City-St-Zip: LAWRENCE, NY 11559

Title: SD
Name: PENZER, JACKI
Address: 81 HARBOR VIEW WEST
City-St-Zip: LAWRENCE, NY 11559

I hereby 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 all other like empowered.

SIGNATURE: ANITA PENZER

PD

03/02/2010

Electronic Signature of Signing Officer or Director

Date