

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004569

FILED
May 01, 2008
Secretary of State

Entity Name: COURTNEY ANNE POSTMA MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

394 S MAYA PALM
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

394 S MAYA PALM
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 31-1482378 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

POSTMA, HERBERT
394 S MAYA PALM
BOCA RATON, FL 33432 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: DSP () Delete
Name: POSTMA, HERBERT F JR
Address: 394 S MAYA PALM
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: POSTMA, JEAN M
Address: 394 S MAYA PALM
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: POSTMA, TIFFANY M
Address: 394 S MAYA PALM
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: POSTMA, JONATHAN G
Address: 394 S MAYA PALM
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: ROELEF, MADELINE
Address: 2431 KINGBRIDGE TERRACE
City-St-Zip: GRAND RAPIDS, MI 49546

Title: D () Delete
Name: VOLUCK, KAREN
Address: 2299 NW 59TH ST
City-St-Zip: BOCA RATON, FL 33496

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: HERBERT POSTMA

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date