

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006125

FILED  
May 01, 2009  
Secretary of State

Entity Name: CUNNINGHAM FOUNDATION, INC.

## Current Principal Place of Business:

UNIT 9S  
19950 BEACH ROAD  
JUPITER ISLAND, FL 33469

## New Principal Place of Business:

## Current Mailing Address:

C/O SCHALLEUR & SURGENT LLC  
237 LANCASTER AVE., STE. 1000  
DEVON, PA 19333

## New Mailing Address:

C/O SCHALLEUR, DEVINE & SURGENT LLC  
237 LANCASTER AVE., STE. 1000  
DEVON, PA 19333

FEI Number: 52-2005535      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:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324      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: CUNNINGHAM, WILLIAM J  
Address: UNIT 95, 19950 BEACH RD.  
City-St-Zip: JUPITER, FL 33469

Title: M      ( ) Delete  
Name: DICAMILLO, CAROLE A  
Address: 2638 KIRK AVE.  
City-St-Zip: BROOMELK, PA 19008

Title: D      ( ) Delete  
Name: CUNNINGHAM, SONDR A  
Address: UNIT 95, 19950 BEACH RD.  
City-St-Zip: JUPITER, FL 33469

Title: D      ( ) Delete  
Name: REPERT, HEATHER C  
Address: UNIT 95, 19950 BEACH RD.  
City-St-Zip: JUPITER, FL 33469

Title: D      ( ) Delete  
Name: CUNNINGHAM, STEPHANIE P  
Address: UNIT 95, 19950 BEACH RD.  
City-St-Zip: JUPITER, FL 33469

## 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:

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: CINDY WALSH

CPA

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date