

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 18, 2009
Secretary of State**

DOCUMENT# N96000006209

Entity Name: TURN 2 FOUNDATION, INC.

Current Principal Place of Business:

IMG CENTER
1360 E. 9TH ST. #100
CLEVELAND, OH 44114

New Principal Place of Business:

IMG CENTER
1360 E. 9TH ST. #1100
CLEVELAND, OH 44114

Current Mailing Address:

C/O KIM WILSON
1360 EAST 9TH STREET SUITE 1100
CLEVELAND, OH 44114

New Mailing Address:

FEI Number: 34-1847687 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSH ROSS REGISTERED AGENT SERVICES, LLC
1801 NORTH HIGHLAND AVENUE
TAMPA, FL 33602 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: PD () Delete
Name: JETER, DEREK
Address: 17005 CANDELEDA DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: VPD () Delete
Name: JETER, CHARLES
Address: 28 LESSING RD
City-St-Zip: WEST ORANGE, NJ 07052

Title: SDT () Delete
Name: JETER, DOROTHY
Address: 28 LESSING RD
City-St-Zip: WEST ORANGE, NJ 07052

Title: D () Delete
Name: SHARLEE, JETER
Address: 3 ON EAST 65TH ST #19A
City-St-Zip: NEW YORK, NY 10003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JETER, DEREK
Address: 17005 CANDELEDA DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: PD (X) Change () Addition
Name: JETER, CHARLES
Address: 28 LESSING RD
City-St-Zip: WEST ORANGE, NJ 07052

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: SHARLEE, JETER
Address: 3 ON EAST 65TH ST #19A
City-St-Zip: NEW YORK, NY 10003

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: KIM M. WILSON

CPA

02/18/2009

Electronic Signature of Signing Officer or Director

_____ Date