2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# N96000006593

Entity Name: ACKERMAN FOUNDATION, INC.

Current Principal Place of Business:

C/O CHANDELLE VENTURES INC.
24311 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

C/O CHANDELLE VENTURES INC.
24311 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 58-2284728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ACKERMAN, DON E MR
C/O CHANDELLE VENTURES INC.
24311 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134 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:	DPC	( ) Delete
Name:	ACKERMAN, DON E	
Address:	24311 WALDEN CENTER DRIVE STE 300	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	DTS	( ) Delete
Name:	ACKERMAN, MICHAEL A	
Address:	15 CHERRY HILLS PARK DRIVE	
City-St-Zip:	CHERRY HILLS VILLAGE,, CO 80113	
Title:	D	( ) Delete
Name:	ACKERMAN, STEVEN J	
Address:	343 14TH STREET	
City-St-Zip:	SANTA MONICA, CA 90402	
Title:	D	( ) Delete
Name:	LAWRENCE, CHERILYN K	
Address:	2430 NORTH SURREY COURT	
City-St-Zip:	CHICAGO, IL 60614	

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:	

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: DON E. ACKERMAN PRES 02/13/2009

Electronic Signature of Signing Officer or Director — Date