2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002392

FILED Mar 25, 2009 Secretary of State

Entity Name: THE ROBERT GILBERT STORYK CHARITABLE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

707 CARNOUSTIE TERRACE 5551 DUNROBIN DRIVE

VENICE, FL 34293 #4402

SARASOTA,, FL 34238

Current Mailing Address: New Mailing Address:

707 CARNOUSTIE TERRACE 5551 DUNROBIN DRIVE VENICE, FL 34293

#4402

SARASOTA,, FL 34238

FEI Number: 65-0748481 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

STORYK, LESLIE STORYK, LESLIE 707 CARNOUSTIE TERRACE 5551 DUNROBI DRIVE

VENICE, FL 34293 #4402 SARASOTA, FL 34238 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: 03/25/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

STORYK, LESLIE STORYK, LESLIE Name: Name: 707 CARNOUSTIE TERRACE Address: 5551 DUNROBIN DRIVE #4402 Address:

City-St-Zip: VENICE, FL 34293 City-St-Zip: SARASOTA, FL 34238

Title: STD () Delete Title: STD (X) Change () Addition

Name: STORYK, RUTH G Name: STORYK, RUTH G

Address: 707 CORNOUSTIE TERRACE Address: 5551 DUBROBIN DRIVE # 4402 City-St-Zip: VENICE, FL 34293 City-St-Zip: SARASOTA, FL 34238

Title: () Delete Title: () Change () Addition

STORYK, JOHN M. Name: Name: 262 MARTIN AVENUE Address: Address: City-St-Zip: HIGHLAND, NY 12528 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: LESLIE STORYK **PRES** 03/25/2009