

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002743

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** THE BACARDI FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

% C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

599 DICE ST #A  
CHARLOTTESVILLE, VA 22903

**New Mailing Address:**

**FEI Number:** 54-1854752

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T 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: DP  
Name: KEVIN, O'BRIEN A  
Address: 704 LOCUST AVENUE  
City-St-Zip: CHARLOTTESVILLE, VA 22902

Title: DS  
Name: SIMON, MARLENA L  
Address: 599 DICE ST  
City-St-Zip: CHARLOTTESVILLE, VA 22903

Title: DT  
Name: OBRIEN, ROBERT A  
Address: 4711 24TH RD N  
City-St-Zip: ARLINGTON, VA 22207

Title: D  
Name: CHRYSLER, ANA M  
Address: 88 HERRICK RD  
City-St-Zip: SOUTH HAMPTON, NY 11968

I hereby 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 all other like empowered.

SIGNATURE: KEVIN A. O'BRIEN

DP

02/17/2011

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

\_\_\_\_\_  
Date