2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N97000003377

Entity Name: MENAGERIE FOUNDATION, INC.

Current Principal Place of Business:

3880 22ND AVE S.E.
NAPLES, FL 34117

New Principal Place of Business:

Current Mailing Address:

3880 22ND AVE S.E.
NAPLES, FL 34117

New Mailing Address:

FEI Number: 59-3454438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTEROSSO, ANGELA D DR.
3880 22ND AVE S.E.
NAPLES, FL 34117 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:	O/P	( ) Delete
Name:	MONTEROSSO, ANGELA D DR.	
Address:	3880 22ND AVE SE	
City-St-Zip:	NAPLES, FL 34117	
Title:	D	( ) Delete
Name:	LEWIS, ROBERT	
Address:	2374 BUTTERFLY PALM DRIVE	
City-St-Zip:	NAPLES, FL 34119	
Title:	D	( ) Delete
Name:	MARR, DOROTHY A	
Address:	2910 56TH AVE NE	
City-St-Zip:	NAPLES, FL 34120	
Title:	D	( ) Delete
Name:	CONNIE, MCNELIS	
Address:	3870 22ND AVE S.E.	
City-St-Zip:	NAPLES, FL 34117	
Title:	O/VP	( ) Delete
Name:	RINEHART, PAMELA	
Address:	2910 56TH AVE NE	
City-St-Zip:	NAPLES, FL 34120	
Title:	D	( ) Delete
Name:	RUE, GRACELYN M	
Address:	2861 4TH AVE. S.E.	
City-St-Zip:	NAPLES, FL 34117	

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:	
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: DR. ANGELA MONTEROSSO PRES 04/20/2009
Electronic Signature of Signing Officer or Director — Date