2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N97000004953

Entity Name: THE OTS FOUNDATION, INC.

Current Principal Place of Business:

3307 92 AVE E
PARRISH, FL 34219 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 17166
SARASOTA, FL 34276 US

New Mailing Address:

FEI Number: 36-4049629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ENEIX, LINDA C
3307 92ND AVE. EAST
PARRISH, FL 34219 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:	ENEIX, LINDA C	
Address:	PO BOX 17166	
City-St-Zip:	SARASOTA, FL 34276	
Title:	STD	( ) Delete
Name:	ENEIX, LAURIE D	
Address:	PO BOX 17166	
City-St-Zip:	SARASOTA, FL 34276	
Title:	D	( ) Delete
Name:	EVENSON, JUDY	
Address:	4864 SABAL LAKE CIRCLE	
City-St-Zip:	SARASOTA, FL 34238	
Title:	V	( ) Delete
Name:	PORTELLI, JOSETTE	
Address:	P. O. BOX 17166	
City-St-Zip:	SARASOTA, FL 34276	

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: LINDA C. ENEIX PD 04/27/2009

Electronic Signature of Signing Officer or Director — Date