## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000005349

\_\_\_\_\_

FILED Jan 05, 2009 Secretary of State

Entity Name: THE BOND FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 800 SOUTH DILLARD STREET WINTER GARDEN, FL 34787 **Current Mailing Address: New Mailing Address:** 800 SOUTH DILLARD STREET WINTER GARDEN, FL 34787 FEI Number: 59-3468830 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLAKESLEE, DEREK 800 SOUTH DILLARD STREET WINTER GARDEN, FL 34787 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition BLAKESLEE, DEREK Name: Name: 230 N HIGHLAND AVE Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: () Delete Title: () Change () Addition BLAKESLEE, ANN G Name: Name: Address: 230 N HIGHLAND AVE Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: () Delete Title: () Change () Addition WINGATE, DON Name: Name: Address: P.O BOX 6 Address: City-St-Zip: KILLARNEY, FL 34740 City-St-Zip: Title: ( ) Delete Title: () Change () Addition WINGATE, CAROLE Name: Name: Address: P.O BOX 6 Address: City-St-Zip: KILLARNEY, FL 34740 City-St-Zip: Title: () Delete Title: () Change () Addition GRIFFITH, MARK Name: Name: P.O BOX 770284 Address: Address: City-St-Zip: WINTER GARDEN, FL 34777 City-St-Zip: Title: () Delete Title: () Change () Addition STANFORD, GINNIE Name: Name: Address: 90 VANIEAMERE ST Address: OAKLAND, FL 34760 City-St-Zip: 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: DEREK BLAKESLEE PRES 01/05/2009