2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N97000005349

Entity Name: THE BOND FOUNDATION, INC.

Current Principal Place of Business:

800 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

800 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 59-3468830 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLAKESLEE, DEREK
800 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787 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:	P	( ) Delete
Name:	BLAKESLEE, DEREK	
Address:	230 N HIGHLAND AVE	
City-St-Zip:	WINTER GARDEN, FL 34787	
Title:	D	( ) Delete
Name:	BLAKESLEE, ANN G	
Address:	230 N HIGHLAND AVE	
City-St-Zip:	WINTER GARDEN, FL 34787	
Title:	D	( ) Delete
Name:	WINGATE, DON	
Address:	P.O BOX 6	
City-St-Zip:	KILLARNEY, FL 34740	
Title:	D	( ) Delete
Name:	WINGATE, CAROLE	
Address:	P.O BOX 6	
City-St-Zip:	KILLARNEY, FL 34740	
Title:	D	( ) Delete
Name:	GRIFFITH, MARK	
Address:	P.O BOX 770284	
City-St-Zip:	WINTER GARDEN, FL 34777	
Title:	D	( ) Delete
Name:	STANFORD, GINNIE	
Address:	90 VANIEAMERE ST	
City-St-Zip:	OAKLAND, FL 34760	

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: DEREK BLAKESLEE PRES 01/05/2009
Electronic Signature of Signing Officer or Director — Date