

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001947

FILED  
Jan 17, 2009  
Secretary of State

**Entity Name:** MAKE A DIFFERENCE FOUNDATION, INC.

**Current Principal Place of Business:**

3205 ST. JAMES DRIVE  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. 810430  
BOCA RATON, FL 33481

**New Mailing Address:**

**FEI Number:** 65-0843714

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FIRESTONE, SUSAN G  
3205 SAINT JAMES DRIVE  
BOCA RATON, FL 33434 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: D ( ) Delete  
Name: GLASSER, GLORIA  
Address: 5742 NW 24TH AVE #502  
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete  
Name: GLASSER, ABRAHAM  
Address: 5742 NW 24TH AVE #502  
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete  
Name: FIRESTONE, SUSAN G  
Address: 3205 SAINT JAMES DRIVE  
City-St-Zip: BOCA RATON, FL 33434

Title: D ( ) Delete  
Name: GLASSER, STUART  
Address: 710 LINWOOD DRIVE  
City-St-Zip: GREENSBURG, PA 15601

**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: SUSAN G. FIRESTONE

D

01/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date