

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003158

FILED
Apr 30, 2009
Secretary of State

Entity Name: GERMAINE A. LEGRAS FAMILY FOUNDATION, INC.

Current Principal Place of Business:

418 CANAL STREET
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

418 CANAL STREET
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 59-3526137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELOACH, J B
418 CANAL STREET
NEW SMYRNA BEACH, FL 32168 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: MARSHALL, GERMAINE L
Address: 154 SWEET BAY AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: STD () Delete
Name: HALSEMA, MICHAEL D
Address: 1860 RENZULLI ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD () Delete
Name: DELOACH, J B
Address: 418 CANAL ST
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: BIENKO, DEBRA
Address: 66 WINDWOOD DR
City-St-Zip: GLASTONBURY, CT 06033

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: MICHAEL D. HALSEMA

STD

04/30/2009

Electronic Signature of Signing Officer or Director

Date