

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004407

FILED
Jan 23, 2009
Secretary of State

Entity Name: THE PERSPECTIVISM FOUNDATION, INC.

Current Principal Place of Business:

2006 MAINSAIL CIR
JUPITER, FL 334771418

New Principal Place of Business:

Current Mailing Address:

2006 MAINSAIL CIR
JUPITER, FL 334771418

New Mailing Address:

FEI Number: 65-0854181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KULUNAS, JOSEPH J ESQ.
250 AUSTRALIAN AVE S
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

KULUNAS, JOSEPH J ESQ.
222 LAKEVIEW AVE
SUITE 700
WEST PALM BEACH, FL 33401 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:

01/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JACOBSON, JERRY IRVING DR.
Address: 2006 MAINSAIL CIR
City-St-Zip: JUPITER, FL 334771418

Title: PCTS () Delete
Name: JACOBSON, JERRY I
Address: 2006 MAINSAIL CIRLCE
City-St-Zip: JUPITER, FL 33477

Title: VD () Delete
Name: MARTIN, PAUL
Address: 1785 WADE PATRICK ROAD
City-St-Zip: BRAXTON, MS 39044

Title: VD () Delete
Name: GROSSMAN, HARVEY
Address: 8137 MIZNER LANE
City-St-Zip: BOCA RATON, FL 33433

Title: VD () Delete
Name: STEIGMAN, MICHAEL
Address: 8321 PASEO VISTA DRIVE
City-St-Zip: LAS VEGAS, NV 89128

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:

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: DR. JERRY I JACOBSON

PD

01/23/2009

Electronic Signature of Signing Officer or Director

Date