

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005449

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE RECURSIONIST FUND, INC.

Current Principal Place of Business:

4718 VILLA MARE LN
NAPLES, FL 341033429 US

New Principal Place of Business:

Current Mailing Address:

909 TENTH ST S
STE 105
NAPLES, FL 34102 US

New Mailing Address:

4718 VILLA MARE LN
NAPLES, FL 341033429 US

FEI Number: 59-3535995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODMAN, KENNETH D
3838 TAMiami TRAIL N., SUITE 300
NAPLES, FL 34103 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: HARRIS, SCOTT M
Address: 4718 VILLA MARE
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: ANTHONY, SARNO
Address: 4708 VILLA MARE LN
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: SWANSON, JOHN
Address: 620 HICKORY RD
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HARRIS, SCOTT M
Address: 4718 VILLA MARE
City-St-Zip: NAPLES, FL 34103 US

Title: D (X) Change () Addition
Name: SARNO, ANTHONY
Address: 4708 VILLA MARE LN
City-St-Zip: NAPLES, FL 34116 US

Title: D (X) Change () Addition
Name: TUTTLE, CELIA H
Address: 6255 N. ZORRELA SEGUNDO
City-St-Zip: TUCSON, AZ 85718 US

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: SCOTT M. HARRIS

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date