

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005519

FILED
Apr 08, 2009
Secretary of State

Entity Name: SUSAN R. AND JOHN W. SULLIVAN FOUNDATION, INC.

Current Principal Place of Business:

851 SE MONTEREY COMMONS BLVD
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

851 SE MONTEREY COMMONS BLVD
STUART, FL 34996

New Mailing Address:

FEI Number: 22-2612047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, WILLIAM C
851 SE MONTEREY COMMONS BLVD.
STUART, FL 34996 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: DP () Delete
Name: SULLIVAN, JOHN W
Address: 7211 SE GOLFHOUSE DR.
City-St-Zip: HOBE SOUND, FL 33455

Title: DVTS () Delete
Name: SULLIVAN, SUSAN R
Address: 7211 SE GOLFHOUSE DR.
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: SULLIVAN, BOLTON II
Address: 100 CAPE POINTE CIRCLE
City-St-Zip: JUPITER, FL 33477

Title: D () Delete
Name: BOWEN, GIERIET S
Address: 721 MACLEAN AVE
City-St-Zip: KENILWORTH, IL 60043

Title: D () Delete
Name: SULLIVAN, JOHN W JR.
Address: 377 WALNUT
City-St-Zip: WINNETKA, IL 60093

Title: D () Delete
Name: SANFORD, JENNIFER S
Address: 800 RICHLAND STREET
City-St-Zip: COLUMBIA, SC 29201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SULLIVAN, J. BOLTON II
Address: 100 CAPE POINTE CIRCLE
City-St-Zip: JUPITER, FL 33477

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: JOHN W SULLIVAN

PRES

04/08/2009

Electronic Signature of Signing Officer or Director

Date