2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N99000001015

Entity Name: SAGE INSTITUTE FOR FAMILY DEVELOPMENT, INC.

Current Principal Place of Business:

1010 NW 8TH STREET
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

1010 NW 8TH STREET
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 65-0895350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, CYNTHIA B
107 CITRUS PARK LANE
BOYNTON BEACH, FL 33326 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: SIEGEL, LAWRENCE A
Address: 1010 NW 8TH STREET
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VPD ( ) Delete
Name: SIEGEL, RICHARD M
Address: 9912 KAMENA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD ( ) Delete
Name: MORRIS, JILL
Address: 18672 SHAUNA MANOR DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete
Name: ROBBINS, RALPH
Address: 18762 SHAUNA MANOR DRIVE
City-St-Zip: BOCA RATON, FL 33496

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: LAWRENCE SIEGEL PD 04/02/2009

Electronic Signature of Signing Officer or Director — Date