

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003892

FILED
Mar 09, 2009
Secretary of State

Entity Name: THE NESTA O. MAGNUSON FOUNDATION, INC.

Current Principal Place of Business:

3900 CLARK RD BLDG R
LAKESHORE VILLAGE PLAZA
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

3900 CLARK RD BLDG R
LAKESHORE VILLAGE PLAZA
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 65-6800888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGNUSON, DUANE C
3900 CLARK ROAD
BLDG R
SARASOTA, FL 34233 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: MAGNUSON, DUANE C
Address: 3900 CLARK RD BLDG R
City-St-Zip: SARASOTA, FL 34233

Title: SD () Delete
Name: PEDICINI, CARMEN O
Address: 2452 CALAMONGA DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: TD () Delete
Name: SCHNEIDER, FRED C
Address: 22 S TUTTLE AVE STE 2
City-St-Zip: SARASOTA, FL 34237

Title: D () Delete
Name: RUSSO, NESTA J
Address: 6742 OAK MANOR DRIVE
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: SCHNEIDER, FRED C
Address: 2425 FRUITVILLE RD
City-St-Zip: SARASOTA, FL 34237

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: DUANE C MAGNUSON

RA

03/09/2009

Electronic Signature of Signing Officer or Director

Date