

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Sep 02, 2008  
Secretary of State

DOCUMENT# N99000004000

Entity Name: ALLIANCE FOUNDATION OF FLORIDA, INC.

**Current Principal Place of Business:**

10387 MAIN ST  
SUITE 200  
FAIRFAX, VA 22030

**New Principal Place of Business:**

**Current Mailing Address:**

10387 MAIN ST  
SUITE 200  
FAIRFAX, VA 22030

**New Mailing Address:**

FEI Number: 58-2476611      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ROSS, BRIAN M ESQ.  
11309 COUNTRYWAY BOULEVARD  
SUITE 105  
TAMPA, FL 33626 US

**Name and Address of New Registered Agent:**

ROSS, BRIAN M ESQ.  
12027 WHITMARSH LANE  
TAMPA, FL 33626 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:

09/02/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LEE, THOMAS K  
Address: 10387 MAIN STREET, STE 200  
City-St-Zip: FAIRFAX, VA 22030

Title: D ( ) Delete  
Name: CWIEK, WILLIAM W  
Address: 10387 MAIN STREET, STE 200  
City-St-Zip: FAIRFAX, VA 22030

Title: DP ( ) Delete  
Name: HOSTLER, ROBERT P  
Address: 10387 MAIN STREET, STE 200  
City-St-Zip: FAIRFAX, VA 22030

Title: S ( ) Delete  
Name: PURDUM, JIM S  
Address: 10387 MAIN STREET, STE 200  
City-St-Zip: FAIRFAX, VA 22030

**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: ROBERT P HOSTLER

PRES

09/02/2008

Electronic Signature of Signing Officer or Director

Date