

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007571

FILED
Feb 06, 2008
Secretary of State

Entity Name: CINDY CUSANO MEMORIAL FUND, INC.

Current Principal Place of Business:

JOHN A. CUSANO
14470 SW 31ST PL.
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

JOHN A. CUSANO
14470 SW 31ST PL.
DAVIE, FL 33330

New Mailing Address:

FEI Number: 65-0963025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUSANO, JOHN A
14470 SW 31ST PL.
DAVIE, FL 33330 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: CUSANO, JOHN
Address: 14470 S.W. 31 PLACE
City-St-Zip: DAVIE, FL 33330

Title: VPD () Delete
Name: WILKINS, DONNA
Address: 3617 BANCROFT MAIN
City-St-Zip: KENNESAW, GA 30144

Title: SD () Delete
Name: MCCABE, PHYLIS
Address: 322 W. HORNBEAM DRIVE
City-St-Zip: LONGWOOD, FL 32779

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:

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 CUSANO

PD

02/06/2008

Electronic Signature of Signing Officer or Director

Date