

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007589

FILED
Feb 16, 2009
Secretary of State

Entity Name: GRACIA BELLE LIVINGSTON FOUNDATION, INC.

Current Principal Place of Business:

159 LOOKOUT PLACE
SUITE 101
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

159 LOOKOUT PLACE
SUITE 101
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-3615446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILDER, CHARLES D
159 LOOKOUT PLACE
SUITE 101
MAITLAND, FL 32751 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: DT () Delete
Name: BOSCO, R. DEAN
Address: 111 N. ORANGE AVE., SUITE 1300
City-St-Zip: ORLANDO, FL 32801

Title: DVP () Delete
Name: DAVID, C. CHRISTINE
Address: 4675 CHULUOTA RD
City-St-Zip: ORLANDO, FL 32820

Title: DPS () Delete
Name: WILDER, CHARLES D
Address: 159 LOOKOUT PLACE, SUITE 101
City-St-Zip: MAITLAND, FL 32751

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BOSCO, R. DEAN
Address: 111 N. ORANGE AVE., SUITE 1300
City-St-Zip: ORLANDO, FL 32801

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

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

Title: DT () Change (X) Addition
Name: REICH, SHARON G
Address: 800 N. MAGNOLIA, SUITE 901
City-St-Zip: ORLANDO, FL 32803

Title: D () Change (X) Addition
Name: MINYARD, MELISSA H
Address: 726 31ST STREET
City-St-Zip: ORLANDO, FL 32805

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: CHARLES D. WILDER

DPS

02/16/2009

Electronic Signature of Signing Officer or Director

_____ Date