2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# P16314

Entity Name: NATIONAL FOLIAGE FOUNDATION, INC.

Current Principal Place of Business:

1533 PARK CENTER DR
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

1533 PARK CENTER DR
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 59-2832635 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOLUSKY, BENJAMIN C
1533 PARK CENTER DR
ORLANDO, FL 32835 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:	D	( ) Delete
Name:	PECKETT, CHESTER	
Address:	5643 ROUND LAKE RD	
City-St-Zip:	APOPKA, FL 32712	
Title:	IPP	( ) Delete
Name:	GARRISON, RALPH	
Address:	6012 18TH AVE E	
City-St-Zip:	BRADENTON, FL 34208	
Title:	T	( ) Delete
Name:	PARRISH, WES	
Address:	6151 NW 66TH WAY	
City-St-Zip:	PARKLAND, FL 33067	
Title:	D	( ) Delete
Name:	GODFREY, TONY	
Address:	3508 OLIVE HILL ROAD	
City-St-Zip:	FALLBROOK, CA 92028	
Title:	D	( ) Delete
Name:	BRYANT, THEO,	
Address:	7555 CREWSVILLE RD	
City-St-Zip:	ZOLFO SPRINGS, FL 33890	
Title:	P	( ) Delete
Name:	CIALONE, JOE	
Address:	10267 W TARA BLVD	
City-St-Zip:	BOYNTON BEACH, FL 33437	

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:	
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: WES PARRISH P 02/23/2009

Electronic Signature of Signing Officer or Director — Date