

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16314

FILED
Feb 28, 2011
Secretary of State

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
Name: PECKETT, CHESTER MR.
Address: 5643 ROUND LAKE RD
City-St-Zip: APOPKA, FL 32712

Title: P
Name: MARKLE, KATHREIN MS.
Address: 496 N LAKE PLEASANT ROAD
City-St-Zip: APOPKA, FL 32712 US

Title: IPP
Name: PARRISH, WES MR.
Address: 6151 NW 66TH WAY
City-St-Zip: PARKLAND, FL 33067

Title: S/T
Name: HENNEN, GARY MR.
Address: 26664 STATE ROAD 71 N
City-St-Zip: ALTHA, FL 32421 US

Title: VP
Name: BRYANT, AUSTIN MR.
Address: 7555 CREWSVILLE RD
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: D
Name: CIALONE, JOSEPH MR.
Address: 10267 W TARA BLVD
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby 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 all other like empowered.

SIGNATURE: EDDIE SINGH

CFO

02/28/2011

Electronic Signature of Signing Officer or Director

Date