2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# 718090

Entity Name: LA AMISTAD FOUNDATION, INC.

Current Principal Place of Business:

8400 LA AMISTAD COVE
FERN PARK, FL 32730 US

New Principal Place of Business:

Current Mailing Address:

8400 LA AMISTAD COVE
FERN PARK, FL 32730

New Mailing Address:

8400 LA AMISTAD COVE
FERN PARK, FL 32730 US

FEI Number: 59-1300982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOOTH, HELEN
2212 AZALEA PLACE
WINTER PARK, FL 32789 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:	NIES, PERRY	
Address:	30 MAITLAND GROVE	
City-St-Zip:	MAITLAND, FL 32851	
Title:	D	( ) Delete
Name:	WOODRUFF, BRUCE	
Address:	3101 MAGUIRE BLVD.	
City-St-Zip:	ORLANDO, FL 32803	
Title:	C	( ) Delete
Name:	RIMMER, LINDA	
Address:	7531 S ORANGE BLOSSOM TRAIL	
City-St-Zip:	ORLANDO, FL 32809	
Title:	T	( ) Delete
Name:	DUCHENE, TOM	
Address:	5404 SILVER STAR ROAD	
City-St-Zip:	ORLANDO, FL 32808	
Title:	D	( ) Delete
Name:	WILLIAMS, TERESA	
Address:	679 MINNESOTA AVE.	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	D	( ) Delete
Name:	KUYKENDALL, LINDY	
Address:	1251 MILLER AVE. STE A	
City-St-Zip:	WINTER PARK, FL 32789	

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: HELEN BOOTH RA 01/26/2009

Electronic Signature of Signing Officer or Director — Date