

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009703

Entity Name: ABATAKA FOUNDATION, INC.**Current Principal Place of Business:**2155 W SR89A SUITE 108
SEDONA, AZ 86336**Current Mailing Address:**2155 W SR89A SUITE 108
SEDONA, AZ 86336**FEI Number:** 45-3663180**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILLER, JACQUELINE SESQ
ONE NORTH CLEMATIS ST SUITE 500
WEST PALM BEACH, FL 33401 US*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**Officer/Director Detail :**

Title	DP
Name	FISHER, MARY D
Address	35 GARNET HILL DR
City-State-Zip:	SEDONA AZ 86336

Title	DS
Name	MILLER, JACQUELINE S
Address	ONE N CLEMATIS ST SUITE 500
City-State-Zip:	WEST PALM BEACH FL 33401

Title	D
Name	ISKOWITZ, MICHAEL
Address	110 CENTURY RD
City-State-Zip:	SEDONA AZ 86336

Title	DT
Name	CRONIN, DIANA M
Address	33 TOWER HILL LANE
City-State-Zip:	KINNELON NJ 07405

Title	DIRECTOR
Name	HEYNEN, A. JAMES
Address	C/O 1776 BROADWAY SUITE 1400
City-State-Zip:	NEW YORK NY 10019

Title	DIRECTOR
Name	FISHER, MAX
Address	367 KIDDER ROAD
City-State-Zip:	TRAVERSE CITY MI 49684

Title	DIRECTOR
Name	FISHER, SUSAN
Address	367 KIDDER ROAD
City-State-Zip:	TRAVERSE CITY MI 49684

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: JACQUELINE S. MILLER**SECRETARY****03/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date