

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 19, 2009
Secretary of State**

DOCUMENT# N97000002743

Entity Name: THE BACARDI FAMILY FOUNDATION, INC.

Current Principal Place of Business:

% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

4620 LEE HIGHWAY
SUITE 202
ARLINGTON, VA 22207

New Mailing Address:

FEI Number: 54-1854752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DP () Delete
Name: CUTILLAS, MANUEL J
Address: OLD FORT BAY, 12 E FORESHORE,
City-St-Zip: NASSAU BAHAMAS, BA 22207

Title: DS () Delete
Name: DORIAN, GEORGE
Address: 7922 HUNTERS GROVE DR
City-St-Zip: JACKSONVILLE, FL 32256

Title: DT () Delete
Name: OBRIEN, ROBERT A
Address: 4620 LEE HWY, SUITE 202
City-St-Zip: ARLINGTON, VA 22207

Title: D () Delete
Name: NIELSEN, LUCY
Address: 111 CLARK AVE
City-St-Zip: PALM BEACH, FL 33480

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:

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: ROBERT O'BRIEN

DT

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date