# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 04, 2008**
**Secretary of State**

DOCUMENT# N03000003960

**Entity Name:** SIGMA LAMP OF LEARNING FOUNDATION, INC.

**Current Principal Place of Business:**

101 10TH STREET
LAKE PARK, FL 33403

**New Principal Place of Business:**

**Current Mailing Address:**

101 10TH STREET
LAKE PARK, FL 33403

**New Mailing Address:**

**FEI Number: 83-0366842** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TWIGGS, EUNICE
101 10TH STREET
LAKE PARK, FL 33403 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: | TWIGGS, EUNICE | |
| Address: | 101 10TH STREET | |
| City-St-Zip: | LAKE PARK, FL 33403 | |
| Title: | D | ( ) Delete |
| Name: | CUNNINGHAM, BARBARA | |
| Address: | 1444 40TH STREET | |
| City-St-Zip: | WEST PALM BEACH, FL 33407 | |
| Title: | D | ( ) Delete |
| Name: | GAINEY, LOELA | |
| Address: | 1208 W 28TH STREET | |
| City-St-Zip: | RIVIERIA BEACH, FL 33404 | |
| Title: | P | ( ) Delete |
| Name: | BLACK, VIVIAN | |
| Address: | 944 38TH STREET | |
| City-St-Zip: | WEST PALM BEACH, FL 33407 | |
| Title: | VP | ( ) Delete |
| Name: | SANDERS, SHIRLEY | |
| Address: | 370 WEST 23RD STREET | |
| City-St-Zip: | RIVIERA BEACH, FL 33404 | |
| Title: | S | ( ) Delete |
| Name: | STANLEY, GINGER | |
| Address: | 440 WEST 34TH STREET | |
| City-St-Zip: | RIVIERA BEACH, FL 33404 | |

**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: EUNICE L TWIGGS D 04/04/2008
Electronic Signature of Signing Officer or Director — Date