2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
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 TWIGGS D 04/16/2009
Electronic Signature of Signing Officer or Director — Date