

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N04000006342

Entity Name: LOCKWOOD CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

2900 S.W. 28TH TERR. 5TH FLR
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

2900 S.W. 28TH TERR. 5TH FLR
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: 20-1292309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTIN, NICHOLAS E
2900 S.W. 28TH TERR. 5TH FLR
MIAMI, FL 33133 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: CHRISTIN, NICHOLAS E
Address: 2900 SOUTHWEST 28TH TERRACE 5TH FLOOR
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: PARKS, KATHERINE E
Address: 1631 NW SOUTH RIVER DR
City-St-Zip: MIAMI, FL 33125

Title: D () Delete
Name: STEWART, BETTY W
Address: 2A LILAC CRT
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: SHERMAN, WILLIAM E
Address: 145 E RICH AVE STE C
City-St-Zip: DELAND, FL 32724

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: NICHOLAS E. CHRISTIN

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date