

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006988

FILED  
Mar 02, 2008  
Secretary of State

Entity Name: STUART & KELLY LASHER FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

140 FOUNTAIN PARKWAY  
SUITE 420  
ST. PETERSBURG, FL 33716 US

**New Principal Place of Business:**

**Current Mailing Address:**

140 FOUNTAIN PARKWAY  
SUITE 420  
ST. PETERSBURG, FL 33716 US

**New Mailing Address:**

FEI Number: 59-3482294      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LASHER, STUART G  
140 FOUNTAIN PARKWAY  
SUITE 420  
ST. PETERSBURG, FL 33716 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: LASHER, STUART G  
Address: 140 FOUNTAIN PARKWAY SUITE 420  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: D      ( ) Delete  
Name: LASHER, KELLY G  
Address: 140 FOUNTAIN PARKWAY SUITE 420  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: D      ( ) Delete  
Name: SCHIFINO, WILLIAM J JR.  
Address: ONE TAMPA CITY CENTER  
City-St-Zip: TAMPA, FL 33606

**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:

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: STUART G. LASHER

D

03/02/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date