

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000008994

**Entity Name:** LANCELLOT FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

15292 FIDDLESTICKS BLVD.,  
FORT MYERS, FL 33912

**Current Mailing Address:**

15292 FIDDLESTICKS BLVD.,  
FORT MYERS, FL 33912 US

**FEI Number: 92-0314219**

**Certificate of Status Desired: No**

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

O'ROURKE, COLLEEN  
4805 W. LAUREL ST. STE 230  
TAMPA, FL 33607 US

*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

**Officer/Director Detail :**

Title D.P  
Name LANCELLOT, MICHAEL  
Address 15292 FIDDLESTICKS BLVD.,  
City-State-Zip: FORT MYERS FL 33912

Title D  
Name LANCELLOT, JOAN S  
Address 15292 FIDDLESTICKS BLVD.,  
City-State-Zip: FORT MYERS FL 33912

Title D  
Name SPILLE, HERBERT  
Address 12519 IVORY STONE LOOP  
City-State-Zip: FORT MYERS FL 33913

Title D  
Name LANCELLOT, JOAN M  
Address 121565 LONG SHORE WAY WEST  
City-State-Zip: NAPLES FL 34119

Title D  
Name BALL, BRIAN  
Address 1180 RAYMOND AVE  
City-State-Zip: NAPA CA 94559

Title D  
Name LANCELLOT, JAIME  
Address 7738 AC SKINNER PKWY, APT. 7411  
City-State-Zip: JACKSONVILLE FL 32256

*I hereby 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 all other like empowered.*

**SIGNATURE: MICHAEL LANCELLOT**

**PRESIDENT**

**04/05/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date