

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716070

FILED
Jan 13, 2009
Secretary of State

Entity Name: F.E. LYKES FOUNDATION, INC.

Current Principal Place of Business:

1307 BAYSHORE BLVD.
TAMPA, FL 33606 US

New Principal Place of Business:

814 S. ROME AVE.
TAMPA, FL 33606 US

Current Mailing Address:

1307 BAYSHORE BLVD.
TAMPA, FL 33606 US

New Mailing Address:

533 S. HOWARD AVE.
PMB 7, STE 8
TAMPA, FL 33606 US

FEI Number: 23-7294195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYKES, NORMA GENE
1307 BAYSHORE BLVD.
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

LYKES, NORMA GENE
814 S. ROME AVE.
TAMPA, FL 33606 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:

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LYKES, NORMA GENE
Address: 1307 BAYSHORE BLVD.
City-St-Zip: TAMPA, FL 33606

Title: DVP () Delete
Name: WILKES, GAIL
Address: 1307 BAYSHORE BLVD.
City-St-Zip: TAMPA, FL 33606

Title: DST () Delete
Name: BARRY, LIZ
Address: 1307 BAYSHORE BLVD.
City-St-Zip: TAMPA, FL 33606 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LYKES, NORMA GENE
Address: 814 S. ROME AVE.
City-St-Zip: TAMPA, FL 33606

Title: DVP (X) Change () Addition
Name: WILKES, GAIL
Address: 814 S. ROME AVE.
City-St-Zip: TAMPA, FL 33606

Title: DST (X) Change () Addition
Name: BARRY, LIZ
Address: 814 S. ROME AVE
City-St-Zip: TAMPA, FL 33606 US

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: NORMA GENE LYKES

DP

01/13/2009

Electronic Signature of Signing Officer or Director

Date