

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744637

FILED
Apr 01, 2009
Secretary of State

Entity Name: LUCANUS DEVELOPMENTAL CENTER, INC.

Current Principal Place of Business:

6411 TAFT ST
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

6411 TAFT ST
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 59-1867575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCKLEY, THOMAS
5722 SW 88TH TER
COOPER CITY, FL 33328 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: P () Delete
Name: BUCKLEY, THOMAS J
Address: 6402 BROOK HOLLOW CT
City-St-Zip: TAMPA, FL 34698

Title: SD () Delete
Name: BUCKLEY, CHRIS
Address: 11110 SW 13TH STREET
City-St-Zip: PEMBROKE PINES, FL 33025

Title: C () Delete
Name: BUCKLEY, TOM,
Address: 5722 SW 88TH TER
City-St-Zip: COOPER CITY, FL 33328

Title: D () Delete
Name: HARPER, LOREN
Address: 1200 NW 93D TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: V () Delete
Name: HERSHMAN, SHELDON
Address: 13701 WILKS DR
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: BUCKLEY, MIKE
Address: 3406 NAVIGATOR POINT
City-St-Zip: KNOXVILLE, TN 37922

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
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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: THOMAS BUCKLEY

C

04/01/2009

Electronic Signature of Signing Officer or Director

Date