

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763879

FILED
Feb 09, 2009
Secretary of State

Entity Name: FATHER LOPEZ FOUNDATION, INC.

Current Principal Place of Business:

C/O FATHER LOPEZ HIGH SCHOOL
960 MADISON AVE
DAYTONA BEACH, FL 32114

New Principal Place of Business:

C/O FATHER LOPEZ HIGH SCHOOL
3198 LPGA BLVD.
DAYTONA BEACH, FL 32124

Current Mailing Address:

C/O MARY L. CLEMENT
7726 STILL LAKES DRIVE
ODESSA, FL 33556

New Mailing Address:

FEI Number: 59-3124478 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMENT, MARY L
7726 STILL LAKES DRIVE
ODESSA, FL 33556 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: DC () Delete
Name: CLEMENT, MARY L
Address: 7726 STILL LAKES DRIVE
City-St-Zip: ODESSA, FL 33556

Title: STD () Delete
Name: BOWER, PAULA
Address: 11075 E. BALANCING ROCK RD.
City-St-Zip: SCOTTSDALE, AZ 85262

Title: VD () Delete
Name: PERRYMAN, DAVID
Address: 797 N BEACH ST.
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD () Delete
Name: BOWLER, KEVIN
Address: 22 TIDEWATER DR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD () Delete
Name: O'NEILL, WILLIAM E JR
Address: 47 CUNNINGHAM DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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:

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: MARY L. CLEMENT

DC

02/09/2009

Electronic Signature of Signing Officer or Director

Date