

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003141

FILED  
Jan 11, 2007  
Secretary of State

**Entity Name:** LUMPKIN FAMILY FELLOWSHIP FOUNDATION, INC.

**Current Principal Place of Business:**

4811 MERCADO DRIVE  
SEBRING, FL 33872 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 8121  
SEBRING, FL 33872 US

**New Mailing Address:**

**FEI Number:** 65-1007629

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOODEN, JACQUELYN L  
99 N.W. 183RD STREET  
SUITE 240  
MIAMI, FL 33169 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: LUMPKIN, EARL L SR  
Address: POST OFFICE BOX  
City-St-Zip: SEBRING, FL 33872 US

Title: VP ( ) Delete  
Name: LUMPKIN, REV. JOHN SR  
Address: 5711 NESBITT LANE  
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: D ( ) Delete  
Name: JACKSON, CYPRIANNA  
Address: 8760 CLUB ESTATES WAY  
City-St-Zip: CITY OF LAKE WORTH, FL 33467 US

Title: D ( ) Delete  
Name: LUMPKIN, EARL L JR  
Address: 4112 LAKESIDE DRIVE  
City-St-Zip: TAMARAC, FL 33319 US

Title: D ( ) Delete  
Name: LUMPKIN, ACQUELYN  
Address: 6510 S.W. 194TH ST.  
City-St-Zip: ARCHER, FL 32618 US

Title: S ( ) Delete  
Name: PERKINS, BETTY  
Address: 4428 MENDEAVIA  
City-St-Zip: SEBRING, FL 33872 US

**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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EARL L. LUMPKIN, SR.

P

01/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date