

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004454

FILED
Jan 05, 2005
Secretary of State

Entity Name: LAUREN HOLT FOUNDATION, INC.

Current Principal Place of Business:

5391 SE MARICAMP ROAD
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

5391 SE MARICAMP ROAD
OCALA, FL 34480

New Mailing Address:

FEI Number: 59-3659160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLT, WALTER
5391 SE MARICAMP ROAD
OCALA, FL 34480 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: D () Delete
Name: HOLT, WALTER
Address: 5391 SE MARICAMP ROAD
City-St-Zip: OCALA, FL 34480

Title: D () Delete
Name: HOLT, ANNA
Address: 1108 SE 48TH AVE.
City-St-Zip: OCALA, FL 34471

Title: T () Delete
Name: VANDEVEN, NANCY
Address: 4801 SE 11TH
City-St-Zip: OCALA, FL 34471

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WALTER E. HOLT

PRES

01/05/2005

Electronic Signature of Signing Officer or Director

Date