

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 28, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000004921**1. Entity Name
LYNN LINGENFELTER FOUNDATION, INC.

Principal Place of Business 3397 RIVERCREST DRIVE #237 MELBOURNE FL 32935	Mailing Address 3397 RIVERCREST DRIVE #237 MELBOURNE FL 32935
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
59-3659076Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**LINGENFELTER LYNN
3397 RIVERCREST DRIVE #237MELBOURNE FL
32935

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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 _____ DATE **06/28/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	BRADLEY FRANCIS M		
STREET ADDRESS		STREET ADDRESS	427 TIMBERLAKE DRIVE		
CITY-ST-ZIP		CITY-ST-ZIP	MELBOURNE FL 32940		
TITLE	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	WHEELER EVELYN M		
STREET ADDRESS		STREET ADDRESS	3397 RIVERCREST DRIVE #237		
CITY-ST-ZIP		CITY-ST-ZIP	MELBOURNE FL 32935		
TITLE	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	LINGENFELTER LYNN A		
STREET ADDRESS		STREET ADDRESS	3397 RIVERCREST DRIVE #237		
CITY-ST-ZIP		CITY-ST-ZIP	MELBOURNE FL 32935		
TITLE	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	BRADLEY FRANCIS M		
STREET ADDRESS		STREET ADDRESS	427 TIMBERLAKE DRIVE #237		
CITY-ST-ZIP		CITY-ST-ZIP	MELBOURNE FL 32940		
TITLE	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	WHEELER EVELYN M		
STREET ADDRESS		STREET ADDRESS	3397 RIVERCREST DRIVE #237		
CITY-ST-ZIP		CITY-ST-ZIP	MELBOURNE FL 32935		
TITLE	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	LINGENFELTER LYNN A		
STREET ADDRESS		STREET ADDRESS	3397 RIVERCREST DRIVE #237		
CITY-ST-ZIP		CITY-ST-ZIP	MELBOURNE FL 32935		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lynn A Lingenfelter P 06/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)