

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004921

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: LYNN LINGENFELTER FOUNDATION, INC.

**Current Principal Place of Business:**

221 MOCKINGBIRD LANE  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

221 MOCKINGBIRD LANE  
CASSELBERRY, FL 32707

**New Mailing Address:**

FEI Number: 59-3659076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LINGENFELTER, LYNN A  
221 MOCKINGBIRD LANE  
CASSELBERRY, FL 32707

**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: WHEELER, EVELYN M  
Address: 221 MOCKINGBIRD LANE  
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete  
Name: BRADLEY, FRANCIS M  
Address: 427 TIMBERLAKE DRIVE  
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Delete  
Name: LINGENFELTER, LYNN A  
Address: 221 MOCKINGBIRD LANE  
City-St-Zip: CASSELBERRY, FL 32707

Title: P ( ) Delete  
Name: LINGENFELTER, LYNN A  
Address: 221 MOCKINGBIRD LANE  
City-St-Zip: CASSELBERRY, FL 32707

Title: T ( ) Delete  
Name: WHEELER, EVELYN M  
Address: 221 MOCKINGBIRD LANE  
City-St-Zip: CASSELBERRY, FL 32707

Title: S ( ) Delete  
Name: BRADLEY, FRANCIS M  
Address: 427 TIMBERLAKE DRIVE #237  
City-St-Zip: MELBOURNE, FL 32940

**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 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: LYNN A LINGENFELTER

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date