

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000078

FILED
Jul 30, 2009
Secretary of State

Entity Name: THE JOHN LYNCH FOUNDATION, INC.

Current Principal Place of Business:

4307 W. EMPEDRADO ST
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

PO BOX 172247
TAMPA, FL 33672

New Mailing Address:

FEI Number: 59-3665351 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBINSON, MAGGIE
4307 W. EMPEDRADO STREET
TAMPA, FL 33629 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: PD () Delete
Name: LYNCH, JOHN JR.
Address: POST OFFICE BOX 172247
City-St-Zip: TAMPA, FL 33672

Title: PD () Delete
Name: LYNCH, LINDA
Address: POST OFFICE BOX 172247
City-St-Zip: TAMPA, FL 33672

Title: TD () Delete
Name: ROSICA, GREG CPA
Address: 100 N. TAMPA STREET, STE. 2200
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: DUNN, DAVE
Address: POST OFFICE BOX 172247
City-St-Zip: TAMPA, FL 33672

Title: D () Delete
Name: EGOSCUE, PETE
Address: 12707 HIGH BLUFF DRIVE, SET 150
City-St-Zip: SAN DIEGO, CA 92130

Title: D () Delete
Name: LYNCH, JOHN SR.
Address: POST OFFICE BOX 67530
City-St-Zip: RANCHO SANTA FE, CA 92067

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: D (X) Change () Addition
Name: EGOSCUE, PETE
Address: PO BOX 172247
City-St-Zip: TAMPA, FL 33672

Title: D (X) Change () Addition
Name: LYNCH, JOHN SR.
Address: POST OFFICE BOX 172247
City-St-Zip: TAMPA, FL 33629

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: JOHN LYNCH

PD

07/30/2009

Electronic Signature of Signing Officer or Director

Date