

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000078

FILED  
Aug 29, 2012  
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 ( )**

**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  
Name: LYNCH, JOHN JR.  
Address: POST OFFICE BOX 172247  
City-St-Zip: TAMPA, FL 33672

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

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

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

Title: D  
Name: EGOSCUE, PETE  
Address: PO BOX 172247  
City-St-Zip: TAMPA, FL 33672

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

I hereby 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 all other like empowered.

SIGNATURE: MAGGIE ROBINSON

ED

08/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date