

# 2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000000078

**FILED**  
**Oct 08, 2013**  
**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:** MAGGIE ROBINSON

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:** JOHN LYNCH

PD

10/08/2013

Electronic Signature of Signing Officer or Director

Date