2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N01000000116

Entity Name: LAKE WORTH PIONEERS FOUNDATION, INC.

Current Principal Place of Business:

1109 SOUTH CONGRESS AVENUE
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 21596
WEST PALM BEACH, FL 33416

New Mailing Address:

1109 SOUTH CONGRESS AVE
WEST PALM BEACH, FL 33406

FEI Number: 91-1756159 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YEEND, JOHN
1109 SOUTH CONGRESS AVENUE
WEST PALM BEACH, FL 33406 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:	YEEND, LEA	
Address:	1109 SOUTH CONGRESS AVE	
City-St-Zip:	WEST PALM BEACH, FL 33406	
Title:	VD	( ) Delete
Name:	MACOVIAK, CHRISTIAN	
Address:	1109 SOUTH CONGRESS AVE	
City-St-Zip:	WEST PALM BEACH, FL 33406	
Title:	TD	( ) Delete
Name:	YEEND, JOHN	
Address:	1109 SOUTH CONGRESS AVENUE	
City-St-Zip:	WEST PALM BEACH, FL 33406	
Title:	VD	( ) Delete
Name:	THURBER, CAMERON	
Address:	1109 SOUTH CONGRESS AVE	
City-St-Zip:	WEST PALM BEACH, FL 33406	
Title:	SD	( ) Delete
Name:	OYER, HARVEY JR.	
Address:	1109 SOUTH CONGRESS AVENUE	
City-St-Zip:	WEST PALM BEACH, FL 33406	
Title:	D	( ) Delete
Name:	SPALL, CINDI	
Address:	1109 SOUTH CONGRESS AVE	
City-St-Zip:	WEST PALM BEACH, FL 33406	

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 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: LEA YEEND PD 04/29/2009

Electronic Signature of Signing Officer or Director — Date