

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001840

FILED
Mar 18, 2009
Secretary of State

Entity Name: LU AND CHARLIE'S PRESERVATION SOCIETY INC.

Current Principal Place of Business:

1504 W GREGORY ST
PENSACOLA, FL 32501

New Principal Place of Business:

1504 W GREGORY ST
PENSACOLA, FL 32502

Current Mailing Address:

P. O. BOX 13144
PENSACOLA, FL 32591

New Mailing Address:

P. O. BOX 13144
PENSACOLA, FL 32591

FEI Number: 59-3715529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, JOHN W
1504 W GREGORY ST
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

LEWIS, JOHN W
1504 W GREGORY ST
PENSACOLA, FL 32502 US

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: JOHN W. LEWIS

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SHUFORD, PAMELA MRS.
Address: 3490 RIVER CHASE DR.
City-St-Zip: ELLENWOOD, GA 30294 US

Title: D () Delete
Name: BREAU, MICHAEL MR.
Address: 1007 REVERE
City-St-Zip: PENSACOLA, FL 32507 US

Title: P () Delete
Name: LEWIS, JOHN W MR.
Address: 1504 W. GREGORY ST.
City-St-Zip: PENSACOLA, FL 32501 US

Title: S () Delete
Name: LEWIS, LULA L MRS.
Address: 1504 W. GREGORY ST.
City-St-Zip: PENSACOLA, FL 32501 US

Title: D () Delete
Name: BORDING-JONES, SERRA MS.
Address: 4058 SHAW
City-St-Zip: ST. LOUIS, MO 63130 US

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:

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 W LEWIS

PRES

03/18/2009

Electronic Signature of Signing Officer or Director

Date