

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002051

Entity Name: LYNETTE PAUL FOUNDATION INC.

FILED  
Oct 01, 2004  
Secretary of State

**Current Principal Place of Business:**

802 WEST DOVER ST.  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

802 WEST DOVER ST.  
TALLAHASSEE, FL 32304

**New Mailing Address:**

FEI Number: 80-0057007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PAUL, LYNETTE  
802 WEST DOVER ST.  
TALLAHASSEE, FL 32304 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: D ( ) Delete  
Name: PAUL, MPH, CHES, LYNETTE  
Address: 802 WEST DOVER ST.  
City-St-Zip: TALLAHASSEE, FL 32304

Title: TT ( ) Delete  
Name: PALMER, KARA  
Address: 2408 CLEMONS ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: TT ( ) Delete  
Name: WELCH, SONYA  
Address: 2408 CLEMONS ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LYNETTE PAUL

DIR

10/01/2004

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

\_\_\_\_\_  
Date