

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006806

FILED
Apr 30, 2009
Secretary of State

Entity Name: LAND TRUST FOUNDATION INC.

Current Principal Place of Business:

JAMES SANDERS
35246 US 19 N #126
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

JAMES SANDERS
35246 US 19 N #126
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 55-0798516 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANDERS, JAMES
35246 US 19 N #126
PALM HARBOR, FL 34684 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: T () Delete
Name: SANDERS, JAMES
Address: 35246 US 19 N 126
City-St-Zip: PALM HARBOR, FL 34684

Title: T () Delete
Name: BRADLEY, E
Address: 6105 N. WICKHAM RD., P.O. BOX 410595
City-St-Zip: MELBOURNE, FL 32941

Title: T () Delete
Name: BOOTH, SUE
Address: 35246 US 19 N. 126
City-St-Zip: PALM HARBOR, FL 34684

Title: T () Delete
Name: SANDERS, S
Address: 35246 US 19 N 126
City-St-Zip: PALM HARBOR, FL 34684

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:

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: JAMES SANDERS

T

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date