

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007065

FILED
Feb 28, 2007
Secretary of State

Entity Name: THE LEE FAMILY FOUNDATION, INC.

Current Principal Place of Business:

P O BOX 2150
BRANDON, FL 33509

New Principal Place of Business:

915 OAKFIELD DRIVE
SUITE F
BRANDON, FL 33511

Current Mailing Address:

P O BOX 2150
BRANDON, FL 33509

New Mailing Address:

FEI Number: 02-0645251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, JAMES W
3502 HOLLOW OAK PLACE
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

LEE, TOM A
915 OAKFIELD DRIVE
SUITE F
BRANDON, FL 33511 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: TOM LEE

02/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEE, JAMES W
Address: P O BOX 2150
City-St-Zip: BRANDON, FL 33509

Title: VD () Delete
Name: PIERCE, RON
Address: P O BOX 2150
City-St-Zip: BRANDON, FL 33509

Title: STD () Delete
Name: MASON, ANDY
Address: P O BOX 2150
City-St-Zip: BRANDON, FL 33509

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEE, TOM A
Address: P O BOX 2150
City-St-Zip: BRANDON, FL 33509

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LEE, JAMES
Address: P.O. BOX 2150
City-St-Zip: BRANDON, FL 33509

I hereby certify that the information supplied with this filing does not qualify for the 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: RON PIERCE

VD

02/28/2007

Electronic Signature of Signing Officer or Director

Date