

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007240

FILED
May 02, 2009
Secretary of State

Entity Name: THE TOMMY LACAYO MEMORIAL FUND, INC.

Current Principal Place of Business:

161 NW MAGNOLIA LAKES BLVD.
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7189
PORT ST. LUCIE, FL 349857189 US

New Mailing Address:

FEI Number: 33-1010909 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LACAYO, BETTY S
161 NW MAGNOLIA LAKES BLVD.
PORT ST. LUCIE, FL 34986 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: LACAYO, BETTY S
Address: 161 NW MAGNOLIA LAKES BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: P () Delete
Name: LACAYO, TOMAS B
Address: 161 NW MAGNOLIA LAKES BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: V () Delete
Name: LACAYO, CARRIE
Address: 161 MAGNOLIA LAKES BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: T () Delete
Name: HINKLE, LINDA
Address: 4305 S. INDIAN RIVER DRIVE
City-St-Zip: FT. PIERCE, FL 34982

Title: SEC () Delete
Name: GIUNTA, PATRICIA
Address: 2582 SE BERKSHIRE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D () Delete
Name: LAZARUS, JEFFREY MD
Address: 31 S. RIVER RD.
City-St-Zip: STUART, FL 34996

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
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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: BETTY S. LACAYO

CEO

05/02/2009

Electronic Signature of Signing Officer or Director

Date