

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007240

FILED
Apr 20, 2011
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)

Name and Address of Current Registered Agent:

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

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

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

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

Title: SEC
Name: GOURLEY, CATHERINE C
Address: 8818 SE 19TH AVE. ROAD
City-St-Zip: OCALA, FL 34480

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

I hereby 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 all other like empowered.

SIGNATURE: BETTY S. LACAYO

CEO

04/20/2011

Electronic Signature of Signing Officer or Director

Date