

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90028 044 ****61.25

DOCUMENT # N04000001967

1. Entity Name
THE LANSON FOUNDATION, INC.



Principal Place of Business
5405 CYPRESS CENTER DRIVE
SUITE 260
TAMPA, FL 33609

Mailing Address
5405 CYPRESS CENTER DRIVE
SUITE 260
TAMPA, FL 33609

2. Principal Place of Business - No P.O. Box #

14476 Eagle Pointe Drive

3. Mailing Address

14476 Eagle Pointe Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062008

Chg-NP

CR2E037 (12/06)

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number
APPLIED FOR

Applied For

Not Applicable

Zip

33762

Country

USA

Zip

33762

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANSON, SUSAN L
5405 CYPRESS CENTER DRIVE
SUITE 260
TAMPA, FL 33609

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

14476 Eagle Pointe Drive

City

Clearwater

FL

Zip Code

33762

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Susan L. Lanson

Susan L. Lanson Decl. Registered Agent 1-8-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME LANSON, SUSAN L
STREET ADDRESS 5405 CYPRESS CENTER DRIVE, SUITE 260
CITY-ST-ZIP TAMPA, FL 33609

TITLE D ☐ Delete
NAME LANSON, CORNELIS J
STREET ADDRESS 5405 CYPRESS CENTER DRIVE, SUITE 260
CITY-ST-ZIP TAMPA, FL 33609

TITLE D ☐ Delete
NAME HITT, F. RICHARD
STREET ADDRESS 433 76TH AVE.
CITY-ST-ZIP ST. PETERSBURG BCH, FL 33736

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 14476 Eagle Pointe Drive
CITY-ST-ZIP Clearwater, FL 33762

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 14476 Eagle Pointe Drive
CITY-ST-ZIP Clearwater, FL 33762

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cornelis J. Lanson 1-6-08 727-572-4182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #