2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005872

FILED May 01, 2005 Secretary of State

Entity Name: LIVELY TECHNICAL CENTER FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

500 NORTH APPLEYARD DRIVE TALLAHASSEE, FL 32304

Current Mailing Address: New Mailing Address:

500 NORTH APPLEYARD DRIVE TALLAHASSEE, FL 32304

FEI Number: 36-4563601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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:

WAHLEN, J. JEFFRY 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition CHRISTENSEN, MARJEAN CHRISTIANSEN, MARJEAN Name: Name: Address: 8478 BAY CEDAR DRIVE Address: 8478 BAY CEDAR DRIVE City-St-Zip: TALLAHASSEE, FL 32310 City-St-Zip: TALLAHASSEE, FL 32310

Title: () Delete Title: () Change () Addition

Name: DOZIER, KELLY Name: Address: 1203 MICCOSUKEE ROAD Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

GILL, ROBERT Name: RANDOLPH, VERNEA Name:

500 NORTH APPLEYARD DRIVE 500 NORTH APPLEYARD DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32304 City-St-Zip: TALLAHASSEE, FL 32304

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VERNEA RANDOLPH D 05/01/2005