

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000005872

1. Entity Name

LIVELY TECHNICAL CENTER FOUNDATION, INC.



Principal Place of Business

500 NORTH APPLEYARD DRIVE
TALLAHASSEE, FL 32304

Mailing Address

500 NORTH APPLEYARD DRIVE
TALLAHASSEE, FL 32304

FILED

Jun 20, 2008 08:00 AM
Secretary of State



06172008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

36-4563601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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

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 September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHRISTIANSEN, MARJEAN
STREET ADDRESS	8478 BAY CEDAR DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	D
NAME	HILDEBRANDT, WOODY
STREET ADDRESS	500 NORTH APPLEYARD DR
CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/20/08-80001-022 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #