

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008185

FILED
Sep 06, 2006
Secretary of State

Entity Name: LACOUR FOUNDATION CORPORATION

Current Principal Place of Business:

2952 BREVE DR
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

2952 BREVE DR
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 34-1995151 **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:

LACOUR, MONICA
2952 BREVE DR
JACKSONVILLE, FL 32209 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: D () Delete
Name: WYNN, EARL W
Address: 3350 FLAT SHOALS RD
City-St-Zip: ATLANTA, GA 30349

Title: D () Delete
Name: SCOTT, GERALD
Address: 4017 BENDER RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: PTSD () Delete
Name: LACOUR, MONICA
Address: 2952 BREVE DR
City-St-Zip: JACKSONVILLE, FL 32209

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MONICA D. LACOUR

PTSD

09/06/2006

Electronic Signature of Signing Officer or Director

Date