

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008185

FILED  
Apr 30, 2009  
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 ( )**

**Name and Address of Current Registered Agent:**

LACOUR, MONICA  
2952 BREVE DR  
JACKSONVILLE, FL 32209 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: 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 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 LACOUR

PTSD

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date