

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009030

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** THE JOHN AND MARTHA LINDSAY CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

6 MANGROVE POINT  
ST PETERSBURG, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

6 MANGROVE POINT  
ST PETERSBURG, FL 33706

**New Mailing Address:**

**FEI Number:** 61-1476566

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LINDSAY, JOHN  
6 MANGROVE POINT  
ST PETERSBURG, FL 33706 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: LINDSAY, JOHN  
Address: 6 MANGROVE POINT  
City-St-Zip: ST PETERSBURG, FL 33706

Title: D ( ) Delete  
Name: LINDSAY, MARTHA H  
Address: 6 MANGROVE POINT  
City-St-Zip: ST PETERSBURG, FL 33706

Title: D ( ) Delete  
Name: WILLIAMS, KATHRYN E  
Address: 8532 DEERPATH  
City-St-Zip: WEST CHESTER, OH 45069

Title: D ( ) Delete  
Name: KIDWELL, MARY L  
Address: 6311 ASH STREET  
City-St-Zip: PRAIRIE VILLAGE, KS 66208

**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:

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: BRAD A. GALBRAITH

ATTY

04/24/2009

Electronic Signature of Signing Officer or Director

Date