2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N04000011735

Entity Name: L.V. THOMPSON FAMILY FOUNDATION, INC.

Current Principal Place of Business:

5015 E. HILLSBOROUGH AVENUE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

5015 E. HILLSBOROUGH AVENUE
TAMPA, FL 33610

New Mailing Address:

FEI Number: 20-2015225 **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:

THOMPSON, L.V.
5015 E. HILLSBOROUGH AVENUE
TAMPA, FL 33610 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: PD ( ) Delete
Name: THOMPSON, L.V.
Address: 5015 E. HILLSBOROUGH AVE.
City-St-Zip: TAMPA, FL 33610 US

Title: D ( ) Delete
Name: BASHOR, THOMASENA
Address: 4809 EHRLICH RD. STE. 203
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete
Name: THOMPSON, TAMI
Address: 5015 E. HILLSBOROUGH AVE.
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete
Name: DUNCAN, MARILYN
Address: 5015 E. HILLSBOROUGH AVE.
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete
Name: NEIL, COREY
Address: 5015 E. HILLSBOROUGH AVE.
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete
Name: AUSTIN, DAVID
Address: 5015 E. HILLSBOROUGH AVE.
City-St-Zip: TAMPA, FL 33610

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:

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: THOMASENA BASHOR D 05/04/2009

Electronic Signature of Signing Officer or Director — Date