

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006450

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**Entity Name:** LAZARRE FOUNDATION FOR THE YOUNG PERFORMER INC.

**Current Principal Place of Business:**

634 INDIGO AVE  
WELLINGTON, FL 33414

**New Principal Place of Business:**

634 INDIGO AVE  
HOME  
WELLINGTON, FL 33414 US

**Current Mailing Address:**

634 INDIGO AVE  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 20-3340150

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAZARRE, WILFRID  
634 INDIGO AVE  
WELLINGTON, FL 33414 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  
Name: LAZARRE, WILFRID  
Address: 634 INDIGO AVE  
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: WIFRID LAZARRE

PRES

01/21/2010

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

\_\_\_\_\_  
Date