

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000006747

1. Entity Name
FORREST C. AND FRANCES H. LATTNER FOUNDATION, INC.



Principal Place of Business
198 NE 6TH AVE
DELRAY BCH, FL 33483

Mailing Address
198 NE 6TH AVE
DELRAY BCH, FL 33483



02072008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
20-3106502

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANN, SUSAN R
198 NE SIXTH AVENUE
DELRAY BEACH, FL 33483

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C
NAME LLOYD, SUSAN L
STREET ADDRESS 198 NE 6TH AVE.
CITY-ST-ZIP DELRAY BCH, FL 33483

TITLE P
NAME HOLLENBECK, DOUGLAS W
STREET ADDRESS 198 NE 6TH AVE.
CITY-ST-ZIP DELRAY BCH, FL 33483

TITLE VS
NAME HOLLENBECK, DAVID L
STREET ADDRESS 198 NE 6TH AVE.
CITY-ST-ZIP DELRAY BCH, FL 33483

TITLE T
NAME HOLLENBECK, DREW H
STREET ADDRESS 198 NE 6TH AVE.
CITY-ST-ZIP DELRAY BCH, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Susan L. Lloyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-08
Date

(561) 266-9494
Daytime Phone #

Susan L. Lloyd, Chairman