

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006747

FILED
Jan 06, 2009
Secretary of State

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

Current Principal Place of Business:

198 NE 6TH AVE
DELRAY BCH, FL 33483

New Principal Place of Business:

Current Mailing Address:

198 NE 6TH AVE
DELRAY BCH, FL 33483

New Mailing Address:

FEI Number: 20-3106502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MANN, SUSAN R
198 NE 6TH AVE
DELRAY BEACH, FL 33483 US

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: _____

01/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: LLOYD, SUSAN L
Address: 198 NE 6TH AVE.
City-St-Zip: DELRAY BCH, FL 33483

Title: P () Delete
Name: HOLLENBECK, DOUGLAS W
Address: 198 NE 6TH AVE.
City-St-Zip: DELRAY BCH, FL 33483

Title: VS () Delete
Name: HOLLENBECK, DAVID L
Address: 198 NE 6TH AVE.
City-St-Zip: DELRAY BCH, FL 33483

Title: T () Delete
Name: HOLLENBECK, DREW H
Address: 198 NE 6TH AVE.
City-St-Zip: DELRAY BCH, FL 33483

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: SUSAN L. LLOYD

C

01/06/2009

Electronic Signature of Signing Officer or Director

Date