

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006973

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** THE THOMAS P. AND GRETCHEN C. LYNCH FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

4372 ROMA BOULEVARD  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

4372 ROMA BOULEVARD  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: 81-0677040

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LYNCH, THOMAS P  
4372 ROMA BOULEVARD  
JACKSONVILLE, FL 32210 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: LYNCH, THOMAS P  
Address: 4372 ROMA BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D  
Name: LYNCH, GRETCHEN C  
Address: 4372 ROMA BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D  
Name: LYNCH, ROBERT P  
Address: 2165 RIVER BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32204

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: THOMAS P. LYNCH

D

01/05/2012

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

\_\_\_\_\_  
Date