


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N05000011164	
1. Entity Name SHAY MILLICENT LASCALA FOUNDATION, INC.	

Principal Place of Business 13205 OLD CRYSTAL RIVER ROAD BROOKSVILLE FL 34601	Mailing Address 13205 OLD CRYSTAL RIVER ROAD BROOKSVILLE FL 34601
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2. Principal Place of Business - No P.O. Box # 34213 Spirit Hills Way	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DADE CITY, FLORIDA	City & State Y
Zip 33523	Country FL

6. Name and Address of Current Registered Agent WHITLEY, BRENDA G 13205 OLD CRYSTAL RIVER ROAD BROOKSVILLE FL 34601	7. Name and Address of New Registered Agent Name: Whitley Brenda G. Street Address (P.O. Box Number is Not Acceptable): 34213 Spirit Hills Way City: Dade City, FL 33523
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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: Brenda Whitley DATE: September 11, 2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW: FEE IS \$61.25 Due By September 3, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITLEY, BRENDA G 13205 OLD CRYSTAL RIVER ROAD BROOKSVILLE FL 34601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRENDA WHITLEY 34213 SPIRIT HILLS WAY DADE CITY, FL 33523 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK, JOSEPH M 412 CROSS CREEK COURT FRANKLIN TN 37067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITLEY, LOUELLA 3175 DOTHAN AVENUE SPRING HILL FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOUELLA WHITLEY FANES 7901 KNIGHT DRIVE NEW PORT RICHEY, FL 34663 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITLEY, BEATRICE 3175 DOTHAN AVENUE SPRING HILL FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BEATRICE WHITLEY 34213 SPIRIT HILLS WAY DADE CITY, FL 33523 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800136148728 09/19/08--01040--012 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Brenda Whitley DATE: September 11, 2008

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE CR2E037 (4/08)