2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N05000012980

Entity Name: LISBETH LIGHT MOORE FOUNDATION CORPORATION

Current Principal Place of Business:

4911 COUNTRY AIRE LN
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

4911 COUNTRY AIRE LN
TAMPA, FL 33624

New Mailing Address:

FEI Number: 26-0409354 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, SUSAN
3231 FOUNTAIN BLVD
TAMPA, FL 33609 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	( ) Delete
Name:	GILLETT, EDWARD R MD	
Address:	4911 COUNTRY AIRE LN	
City-St-Zip:	TAMPA, FL 33624	
Title:	D	( ) Delete
Name:	GARCIA, MICHAEL MD	
Address:	4911 COUNTRY AIRE LN	
City-St-Zip:	TAMPA, FL 33624	
Title:	D	( ) Delete
Name:	MCCAULEY, MARIA RN	
Address:	4911 COUNTRY AIRE LN	
City-St-Zip:	TAMPA, FL 33624	
Title:	S	( ) Delete
Name:	OLSON, MARY	
Address:	4911 COUNTRY AIRE LN	
City-St-Zip:	TAMPA, FL 33624	
Title:	T	( ) Delete
Name:	HAMILTON, LAURA	
Address:	4911 COUNTRY AIRE LN	
City-St-Zip:	TAMPA, FL 33624	
Title:	M	( ) Delete
Name:	ANASTASIO, SHERRY	
Address:	4911 COUNTRY AIRE LN	
City-St-Zip:	TAMPA, FL 33624	

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:	
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: LAURA HAMILTON T 04/28/2008

Electronic Signature of Signing Officer or Director — Date