

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000084

FILED  
Jan 19, 2007  
Secretary of State

Entity Name: THE LYLA BURCHNELL FOUNDATION, INC.

## Current Principal Place of Business:

14632 BLACK CHERRY TRAIL  
WINTER GARDEN, FL 34787

## New Principal Place of Business:

## Current Mailing Address:

14632 BLACK CHERRY TRAIL  
WINTER GARDEN, FL 34787

## New Mailing Address:

P.O. BOX 574956  
ORLANDO, FL 32857

FEI Number: 20-4041522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BURCHNELL, SARAH D  
14632 BLACK CHERRY TRAIL  
WINTER GARDEN, FL 34787 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: P ( ) Delete  
Name: BURCHNELL, RYAN E  
Address: 9332 ROYAL TROON DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP ( ) Delete  
Name: DIXON, VICTOR E  
Address: 29 BENTON ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: ED ( ) Delete  
Name: BURCHNELL, SARAH D  
Address: 9332 ROYAL TROON DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP ( ) Delete  
Name: BURCHNELL, ANITA C  
Address: 1739 FOLKSTONE ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BURCHNELL, RYAN E  
Address: P.O. BOX 574956  
City-St-Zip: ORLANDO, FL 32857

Title: VP/T (X) Change ( ) Addition  
Name: DIXON, VICTOR E  
Address: P.O. BOX 574956  
City-St-Zip: ORLANDO, FL 32857

Title: ED (X) Change ( ) Addition  
Name: BURCHNELL, SARAH D  
Address: P.O. BOX 574956  
City-St-Zip: ORLANDO, FL 32857

Title: VP/S (X) Change ( ) Addition  
Name: BURCHNELL, ANITA C  
Address: P.O. BOX 574956  
City-St-Zip: ORLANDO, FL 32857

I hereby certify that the information supplied with this filing does not qualify for the 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: RYAN E. BURCHNELL

P

01/19/2007

Electronic Signature of Signing Officer or Director

Date