

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000084

FILED  
May 06, 2008  
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:**

36603 CLARA STREET  
EUSTIS, FL 32736

**Current Mailing Address:**

P.O. BOX 574956  
ORLANDO, FL 32857

**New Mailing Address:**

**FEI Number:** 20-4041522      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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:**

BURCHNELL, SARAH D  
36603 CLARA STREET  
EUSTIS, FL 32736      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: SARAH D, BURCHNELL

05/06/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

**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: RYAN E. BURCHNELL

P

05/06/2008

Electronic Signature of Signing Officer or Director

Date