

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000011572

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** JOEL LAWRENCE FOUNDATION CORPORATION

**Current Principal Place of Business:**

804 SOUTH THOMPSON AVE  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

804 S. THOMPSON AVE  
DELAND, FL 32720 US

**New Mailing Address:**

804 SOUTH THOMPSON AVE  
DELAND, FL 32720

**FEI Number:** 87-0785086

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HOWELL, ANDREA L CEO  
804 SOUTH THOMPSON AVE  
DELAND, FL 32720 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:** CEO  
**Name:** HOWELL, ANDREA L  
**Address:** 804 S. THOMPSON AVE  
**City-St-Zip:** DELAND, FL 32720 US

**Title:** BRD  
**Name:** ROGERS, TAMELA L  
**Address:** 375 SYCAMORE SPRINGS STREET  
**City-St-Zip:** DEBARY, FL 32713 US

**Title:** BRD  
**Name:** CHESTER, ANTHONY  
**Address:** 3875 TIGER BAY ROAD  
**City-St-Zip:** DAYTONA BEACH, FL 32124 US

**Title:** BRD  
**Name:** HOLLIS, BETTY  
**Address:** 1845 HOLSONBACK DRIVE  
**City-St-Zip:** DAYTONA BEACH, FL 32117 US

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:** ANDREA HOWELL

CEO

04/13/2011

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

\_\_\_\_\_  
Date