

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011746

FILED
May 27, 2009
Secretary of State

Entity Name: LIGHTING THE WAY FOR KIDS OF JACKSON COUNTY SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

4338 ANGELA DRIVE
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

4338 ANGELA DRIVE
MARIANNA, FL 32446

New Mailing Address:

FEI Number: 20-8161399 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

JONES, DON
4338 ANGELA DRIVE
MARIANNA, FL 32446 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: TUTU, PLINIO
Address: P.O. BOX 6337
City-St-Zip: MARIANNA, FL 32447

Title: D () Delete
Name: JONES, DON
Address: 4338 ANGELA DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: NELSON, JAMES W
Address: 2903 WILDWOOD CIRCLE
City-St-Zip: MARIANNA, FL 32448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TUTA, PLINIO
Address: P.O. BOX 6337
City-St-Zip: MARIANNA, FL 32447

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: DON L. JONES

D

05/27/2009

Electronic Signature of Signing Officer or Director

Date