

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012344

FILED
Apr 30, 2009
Secretary of State

Entity Name: JOE R. LEE FAMILY FOUNDATION, INC.

Current Principal Place of Business:

C/O FOUNDATION SOURCE
501 SILVERSIDE ROAD, SUITE 123
WILMINGTON, DE 19809

New Principal Place of Business:

Current Mailing Address:

C/O FOUNDATION SOURCE
501 SILVERSIDE ROAD, SUITE 123
WILMINGTON, DE 19809

New Mailing Address:

FEI Number: 20-5975648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A.G.C. CO.
200 S. ORANGE AVE.
SUITE 200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

A.G.C. CO.
200 S. ORANGE AVE.
SUITE 2300
ORLANDO, FL 32802 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: _____

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEE, JOE R
Address: 7550 HINSON STREET, APT 12C
City-St-Zip: ORLANDO, FL 32819

Title: S () Delete
Name: LEE, KEENA R
Address: 325 MAGNOLIA ST
City-St-Zip: WINDERMERE, FL 34786

Title: T () Delete
Name: LEE, MICHAEL F
Address: 13533 LAKE LUNTZ DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP () Delete
Name: LEE, CAROLYN D
Address: 6074 LEXINGTON PARK
City-St-Zip: ORLANDO, FL 32819

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: CHANA SPIELMAN

ADM

04/30/2009

Electronic Signature of Signing Officer or Director

Date