

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009837

FILED
Apr 10, 2009
Secretary of State

Entity Name: LOVIE WELLS, SR. EDUCATIONAL FOUNDATION, INCORPORATED

Current Principal Place of Business:

2931 LAFAYETTE ST
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

2931 LAFAYETTE ST
FORT MYERS, FL 33916

New Mailing Address:

FEI Number: 35-2323519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, LOVIE L JR.
174 CONNECTICUT AVE
FORT MYERS, FL 33905 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: C () Delete
Name: WELLS, IDA J
Address: 2931 LAFAYETTE ST
City-St-Zip: FORT MYERS, FL 33916

Title: D () Delete
Name: WELLS, LOVIE L JR.
Address: 174 CONNECTICUT AVE
City-St-Zip: FORT MYERS, FL 33905

Title: D () Delete
Name: WELLS, RACLAIRE
Address: 2521 BASKETTE WAY
City-St-Zip: CHATTANOOGA, TN 37421

Title: D () Delete
Name: WELLS, DARRYL
Address: 4462 E RIVERSIDE DR
City-St-Zip: FORT MYERS, FL 33905

Title: D () Delete
Name: WELLS, GEOFFREY
Address: 9405 STONEY RIDGE LN
City-St-Zip: ALPHARETTA, GA 30022

Title: D () Delete
Name: HAYWARD, ARCHIE B JR
Address: 1949 HIGH STREET
City-St-Zip: FORT MYERS, FL 33916

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:

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: LOVIE L. WELLS, JR.

MR.

04/10/2009

Electronic Signature of Signing Officer or Director

Date