

DOCUMENT # N07397

1. Entity Name

LAKEVIEW FOUNDATION, INC.**FILED**
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90104 001 ***367.50



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1221 WEST LAKEVIEW AVENUE
PENSACOLA FL 325011221 W LAKEVIEW AVENUE
PENSACOLA FL 32501
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2889929

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOULTON, WRIGHT
25 WEST CEDAR ST.
PENSACOLA FL 32501

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **MOULTON, WRIGHT**
CITY-ST-ZIP **25 W. CEDAR STREET**
PENSACOLA FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME **PD**
STREET ADDRESS **HERRICK, SHARON HESS**
CITY-ST-ZIP **1221 W LAKEVIEW AVENUE**
PENSACOLA FL 32501TITLE ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS **Braden Kirk Ball**
CITY-ST-ZIP **Box 711**
Pensacola, FL 32593TITLE ☒ Delete
NAME **VD**
STREET ADDRESS **HUDSON, HAL**
CITY-ST-ZIP **1221 W LAKEVIEW AVENUE**
PENSACOLA FL 32501TITLE ☒ Change ☐ Addition
NAME **VD**
STREET ADDRESS **Charles Gund, Jr.**
CITY-ST-ZIP **900 N. 12th Avenue**
Pensacola, FL 32501TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Braden Kirk Ball

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

Date

850-469-3782

Daytime Phone #

CR2E037 (9/99)