

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010873

FILED  
Mar 18, 2011  
Secretary of State

**Entity Name:** LESTER AND ANNE SCAFF FOUNDATION, INC.

**Current Principal Place of Business:**

134 SE COLBURN AVE  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

134 SE COLBURN AVE  
LAKE CITY, FL 32025

**New Mailing Address:**

**FEI Number:** 27-1482286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCAFF, STAFFORD L JR  
134 SE COLBURN AVE  
LAKE CITY, FL 32025 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  
Name: SCAFF, STAFFORD L JR  
Address: 134 SE COLBURN AVE  
City-St-Zip: LAKE CITY, FL 32025

Title: D  
Name: SCAFF, GARY K  
Address: 22865 NE KENT ROAD  
City-St-Zip: HOSFORD, FL 32324

Title: D  
Name: DRAWDY, JENNY S  
Address: 540 SW SAN JUAN PLACE  
City-St-Zip: LAKE CITY, FL 32025

Title: D  
Name: BROWN, KEITH W  
Address: 757 SW RIDGE STREET  
City-St-Zip: LAKE CITY, FL 32024

Title: D  
Name: SCAFF, ANNE C  
Address: 134 SE COLBURN AVE  
City-St-Zip: LAKE CITY, FL 32025

Title: D  
Name: CSERCSICS, BRIAN  
Address: 204 MCDONALD BLVD  
City-St-Zip: ACTON ONTARION CANADA L7J1B1, XX

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: JENNY DRAWDY

D

03/18/2011

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

\_\_\_\_\_  
Date