2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2012
Secretary of State

DOCUMENT# N10000001396

Entity Name: LAURILYN P ARCHIBALD FOUNDATION, INC.

Current Principal Place of Business:

3561 SW 70 AVE.
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

3561 SW 70 AVE.
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 27-1828311 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARCHIBALD, ALLISTAIR
3561 SW 70 AVE.
MIRAMAR, FL 33023 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: ARCHIBALD, ALLISTAIR
Address: 3561 SW 70 AVE.
City-St-Zip: MIRAMAR, FL 33023

Title: D
Name: PHILLIP MAGEE, MARLENE TRICIA
Address: 7613 FORDHAM CREEK LN
City-St-Zip: ORLANDO, FL 32818

Title: D
Name: WILLIAMS, ALICIA PHILIP P
Address: 6901 HENNEPIN BLVD.
City-St-Zip: ORLANDO, FL 32818

Title: D
Name: ARCHIBALD, CYNTHIA
Address: 20310 NE 10 PLACE
City-St-Zip: MIAMI, FL 33169

Title: D
Name: PHILLIP, ALPHAEUS
Address: 6901 HENNEPIN BLVD.
City-St-Zip: ORLANDO, FL 32818

Title: D
Name: CARTER, MARLYNE
Address: 9510 W DAFODIL LANE
City-St-Zip: MIRAMAR, FL 33025

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: ALLISTAIR ARCHIBALD P 04/17/2012

Electronic Signature of Signing Officer or Director Date