# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 13, 2008**
**Secretary of State**

DOCUMENT# N16901

**Entity Name:** ARTHUR L LENAHAN, SR. FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

10192 WHIPPOOR WILL LANE
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

3950 S FRANCIS ROAD
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

PO BOX 551260
JACKSONVILLE, FL 322551260

**New Mailing Address:**

**FEI Number: 59-2716915** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SCHNEIDER, MICHAEL N.
5150 BELFORT ROAD
SUITE 100
JACKSONVILLE, FL 32256 US

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

ANSBACHER & SCHNEIDER, PA
5150 BELFORT ROAD
SUITE 100
JACKSONVILLE, FL 32256 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: ANSBACHER & SCHNEIDER, PA 02/13/2008
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete
Name: LENAHAN, ARTHUR,
Address: 434 HIGH POINTE CIRCLE
City-St-Zip: GRAND JUNCTION, CO 81503

Title: PD ( ) Delete
Name: HOLT, BETTY ANN,
Address: 3950 S. FRANCIS ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VSTD ( ) Delete
Name: LENAHAN, BETTY,
Address: 4918 GREENLAND ROAD
City-St-Zip: JACKSONVILLE, FL 32258

**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:

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: BETTY ANN HOLT P 02/13/2008
Electronic Signature of Signing Officer or Director — Date