


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # N18282 1. Entity Name PERRY E. LANNING MEMORIAL FUND, INC.	
---	---

Principal Place of Business 1235 N. LIME AVE SARASOTA, FL 34237-2807	Mailing Address 1235 N. LIME AVE SARASOTA, FL 34237-2807
--	--

DO NOT WRITE IN THIS SPACE



01262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2743671	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	

6. Name and Address of Current Registered Agent

**FRENCH, C. TED
2033 MAIN STREET
SUITE 304
SARASOTA, FL 34237**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANNING, BRADLEY 342 FAIRWAY ISLES LANE BRADENTON, FL 34212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD FRENCH, C. TED 2033 MAIN STREET, SUITE 304 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEISLER, TED 9593 CAMPBELL CIRCLE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD LANNING, STEPHEN 6911 19TH STREET E BRADENTON, FL 34211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000703257
04/20/07-80132-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Stephen R. Lanning	04/10/2007 (941)365-0400
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>