

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 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**



01072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2743671**

Applied For  
Not Applicable

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U00000863428

04/03/08-80091-018 61.25

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LANNING, BRADLEY  
STREET ADDRESS 342 FAIRWAY ISLES LANE  
CITY-ST-ZIP BRADENTON, FL 34212

TITLE ATD  
NAME FRENCH, C. TED  
STREET ADDRESS 2033 MAIN STREET, SUITE 304  
CITY-ST-ZIP SARASOTA, FL 34237

TITLE SD  
NAME BEISLER, TED  
STREET ADDRESS 9593 CAMPBELL CIRCLE  
CITY-ST-ZIP NAPLES, FL 34109

TITLE VCD  
NAME LANNING, STEPHEN  
STREET ADDRESS 6911 19TH STREET E  
CITY-ST-ZIP BRADENTON, FL 34211

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STEPHEN R. LANNING**

**03/17/2008**

**(941) 365-0400**

Date

Daytime Phone #