

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

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N28430

1. Entity Name
LAFAYETTE PENNY FOUNDATION, INC.



Principal Place of Business

P.O. BOX 884
MAYO, FL 32066

Mailing Address

P.O. BOX 884
MAYO, FL 32066



03282008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2842027

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARVER, AMY W.
LAFAYETTE COUNTY COURT HOUSE
ANNEX-EAST ROOM
MAYO, FL 32066

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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

1000000888884
04/22/08-80092-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, HUGH M.
STREET ADDRESS	505 NW DIXIE TRL
CITY-ST-ZIP	MAYO, FL 320663011
TITLE	D
NAME	BELL, DOYLE
STREET ADDRESS	7825 N.W. C.R. 251
CITY-ST-ZIP	MAYO, FL 32066
TITLE	D
NAME	CERASO, MILTON E. ANGIE
STREET ADDRESS	PO BOX 58 N/A
CITY-ST-ZIP	MAYO, FL
TITLE	D
NAME	CROFT, W.G. JR.
STREET ADDRESS	PO BOX 214, FLOYD & PARK
CITY-ST-ZIP	MAYO, FL
TITLE	VD
NAME	HEWETT, JOHN C.
STREET ADDRESS	PO BOX 308, CR 400
CITY-ST-ZIP	MAYO, FL
TITLE	D
NAME	HURST, DONALD C.
STREET ADDRESS	805 S.E. BETHEL WALKER CREEK RD.
CITY-ST-ZIP	BRANFORD, FL

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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: _____

Hugh M. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUGH M. Smith, President
Date: *April 1, 2008* Daytime Phone #: *352-332-3362*