

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28430

FILED
Feb 18, 2009
Secretary of State

Entity Name: LAFAYETTE PENNY FOUNDATION, INC.

Current Principal Place of Business:

P.O. BOX 884
MAYO, FL 32066

New Principal Place of Business:

LAFAYETTE COUNTY COURT HOUSE
EAST ANNEX
MAYO, FL 32066

Current Mailing Address:

P.O. BOX 884
MAYO, FL 32066

New Mailing Address:

FEI Number: 59-2842027 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARVER, AMY W.
LAFAYETTE COUNTY COURT HOUSE
ANNEX-EAST ROOM
MAYO, FL 32066 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 () Delete
Name: SMITH, HUGH M.,
Address: 505 NW DIXIE TRL
City-St-Zip: MAYO, FL 320663011

Title: D () Delete
Name: BELL, DOYLE,
Address: 7825 N.W. C.R. 251
City-St-Zip: MAYO, FL 32066

Title: D () Delete
Name: CERASO, MILTON E. AN, GIE
Address: PO BOX 58 N/A
City-St-Zip: MAYO, FL

Title: D () Delete
Name: CROFT, W.G. JR.,
Address: PO BOX 214, FLOYD & PARK
City-St-Zip: MAYO, FL

Title: VD () Delete
Name: HEWETT, JOHN C.,
Address: PO BOX 308, CR 400
City-St-Zip: MAYO, FL

Title: D () Delete
Name: HURST, DONALD C.,
Address: 805 S.E. BETHEL WALKER CREEK RD.
City-St-Zip: BRANFORD, FL

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:

Title: () Change () Addition
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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: HUGH M. SMITH

PRES

02/18/2009

Electronic Signature of Signing Officer or Director

Date