

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28677

FILED
Jun 25, 2009
Secretary of State

Entity Name: THE LORNA JEAN BROOKS FOUNDATION, INC.

Current Principal Place of Business:

C/O LORNA JEAN HAGSTROM
921 S. HILL AVENUE
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

C/O LORNA JEAN HAGSTROM
921 S. HILL AVENUE
DELAND, FL 32724

New Mailing Address:

FEI Number: 59-2905017 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAGSTROM, LORNA JEAN
921 S. HILL AVENUE
DELAND, FL 32724 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: PD () Delete
Name: HAGSTROM, LORNA JEAN
Address: 921 S. HILL AVENUE
City-St-Zip: DELAND, FL 32724

Title: VD () Delete
Name: HAGSTROM, LARS BROOKS
Address: 1579 GRAND AVE.
City-St-Zip: DELAND, FL 32720

Title: TD () Delete
Name: RODRIGUEZ, WILLIAM
Address: 1515 ORMONDS JUNGLE DEN RD.
City-St-Zip: ASTOR, FL 32130

Title: SD () Delete
Name: HAGSTROM-RODRIGUEZ, KIRSTEN
Address: 1515 ORMONDS JUNGLE DEN RD.
City-St-Zip: ASTOR, FL 32130

Title: DIR () Delete
Name: HAGSTROM, LARSON
Address: 1579 GRAND AVE.
City-St-Zip: DELAND, FL 32720

Title: DIR () Delete
Name: HAGSTROM, LONNIE
Address: 1579 GRAND AVE.
City-St-Zip: DELAND, FL 32720

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: LORNA JEAN HAGSTROM

PRES

06/25/2009

Electronic Signature of Signing Officer or Director

Date