2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2005 8:00 am Secretary of State 04-11-2005 90196 012 ****61.25

1. Entity Nam	MENT # N29701 RY AND TED LASSITER	FOUNDA	ATION, INC.				:	04-11-2	2005 901	96 012	****61	25
Principal Place %LES SMOUT 100 N. STAR CLEARWATER	T Crest	%LE: 100	g Address S SMOUT N. STARCREST RWATER, FL 33758	B US	S		.			0036		
2. Principal P	lace of Business	3. Mail	ing Address									
Suite, Apt.	#, etc.	Su	ite, Apt. #, etc.				01052005	Chg-NP	CF	R2E037 (1	10/03)	
City & State		City & State				4. FEI Number 65-0118648				Applied For Not Applicable		
Zip	Country	Zip		Cou	intry	,	5. Certificate	of Status Des	ired [75 Add Required	
	6. Name and Address of Curre	nt Registere	d Agent				7. Name and	Address of	New Regist	ered Ager	nt	
CMOUT	Fe				Name	i3	March	- { }		•		
SMOUT, LES 100 N. STARCREST CLEARWATER, FL 33765						ddress (Marshall ss (P.O. Box Number is Not Acceptable) Starcrest					
	•								•			
					City (1			FL	Zip Code	
	named entity submits this statement	for the purp	ose of changing its r	egistere		r register	ed agent, or bo	th, in the State	e of Florida.			and accept
SIGNATURE .	FB Marshall							4	· 5 · 0	5		
01011110112								<u> </u>				
.T 1.	Signature, typed or printed name of registered age	ent and title if app	licable. (NOTE:	Registered	d Agent signat	ure required	when reinstating)			DATE		
	Signature, typed or printed name of registered ago Filling Fee is \$61.25 Due by May 1, 2005	ent and title if app	9. Election Camp Trust Fund Co	paign Fi	inancing	The Lednised	\$5.00 May B			_{DATE} check pa Departme		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: EB Marshall Treasurer EB Marshall SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR