

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90036 003 ****61.25

DOCUMENT # N29701

1. Entity Name
ROSEMARY AND TED LASSITER FOUNDATION, INC.



Principal Place of Business
**%LES SMOUT
100 N. STARCREST
CLEARWATER, FL 33765 US**

Mailing Address
**%LES SMOUT
100 N. STARCREST
CLEARWATER, FL 33758 US**

2. Principal Place of Business
100 North Starcrest
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 5165
Suite, Apt. #, etc.



01062006 Chg-NP CR2E037 (11/05)

City & State
Clearwater, FL

City & State
Clearwater, FL

4. FEI Number
65-0118648

Applied For
Not Applicable

Zip Country
33765 US

Zip Country
33758 US

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

6. Name and Address of Current Registered Agent

**MARSHALL, E.B.
100 N. STARCREST
CLEARWATER, FL 33765**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LASSITER, ROSEMARY**
STREET ADDRESS **100 N. STARCREST**
CITY-ST-ZIP **CLEARWATER, FL**

TITLE **D** ☐ Delete
NAME **LASSITER, TED**
STREET ADDRESS **100 N. STARCREST**
CITY-ST-ZIP **CLEARWATER, FL**

TITLE **T** ☐ Delete
NAME **MARSHALL, E.B.**
STREET ADDRESS **100 N. STARCREST**
CITY-ST-ZIP **CLEARWATER, FL 33765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **E B Marshall E B Marshall**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.22.06 (127) 461-1524