

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # N35628

1. Entity Name
THE DAVID LINDSAY FOUNDATION, INC.



Principal Place of Business
**350 S. SHORE DR.
SARASOTA, FL 34234 US**

Mailing Address
**350 S. SHORE DR.
SARASOTA, FL 34234 US**



04112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0199642

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LINDSAY, EDWARD H
350 S SHORE DRIVE
SARASOTA, FL 34234**

**DO NOT WRITE
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 reappointing)

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LINDSAY, DAVID B.
350 S SHORE DRIVE
SARASOTA, FL 34234**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LINDSAY, ELIZABETH G.
1460 GULFVIEW DR
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
LINDSAY, DAVID G. B.
1526 GULFVIEW DR
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
LINDSAY, ROBERT A.
1504 GULFVIEW DR
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
CURTIS, ANN L.
2119 LYCHEE LN
NOKOMIS, FL 34275**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
LINDSAY, EDWARD H.
1341 HARBOR DR
SARASOTA, FL 34236**

U00000518499
05/02/06-80014-011 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward H. Lindsay

4/11/06

941/359-0472

Date

Daytime Phone #