


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N35628 1. Entity Name THE DAVID LINDSAY FOUNDATION, INC.	
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Principal Place of Business 350 S. SHORE DR. SARASOTA, FL 34234 US	Mailing Address 350 S. SHORE DR. SARASOTA, FL 34234 US
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DO NOT WRITE IN THIS SPACE



02272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0199642	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature: typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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. 1528 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

U00000950157
06/03/08-80057-019 61.25

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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:  Edward H. Lindsay **4/24/08 941-359-0472**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone