

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90030 026 ****61.25

DOCUMENT # N95000006054

1. Entity Name
THE ED AND PAULINE LACEY CHARITABLE FOUNDATION, INC.

Principal Place of Business: **2655 N. VOLUSIA AVENUE ORANGE CITY FL 32774**
 Mailing Address: **2655 N. VOLUSIA AVENUE ORANGE CITY FL 32774**

2. Principal Place of Business: **2327 Southern Pines Pl**
 Suite, Apt. #, etc. **0**

3. Mailing Address: **← Same**
 Suite, Apt. #, etc. **← Same**

City & State: **Deland FL**
 Zip: **32724** Country: **Volusia**



1st MOORE CR2E037 (10/04)

4. FEI Number: **59-3352392** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
HUMPHRIES, J. GREGORY
300 S ORANGE AVE
STE 1000
ORLANDO FL 32801

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D	<input type="checkbox"/> Delete	TITLE: Change	<input type="checkbox"/> Addition
NAME: LACEY, EDWARD T.		NAME: 2327 Southern Pines Pl	
STREET ADDRESS: 2655 N. VOLUSIA AVENUE		STREET ADDRESS: Deland FL 32724	
CITY-ST-ZIP: ORANGE CITY FL 32774			
TITLE: D	<input type="checkbox"/> Delete	TITLE: Change	<input type="checkbox"/> Addition
NAME: LACEY, PAULINE M		NAME: 2327 Southern Pines Pl.	
STREET ADDRESS: 2655 N. VOLUSIA AVENUE		STREET ADDRESS: Deland, FL 32724	
CITY-ST-ZIP: ORANGE CITY FL 32774			
TITLE: D	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME: WRIGHT, WILLIAM		NAME: _____	
STREET ADDRESS: 5703 SOUTH ATLANTIC AVENUE		STREET ADDRESS: _____	
CITY-ST-ZIP: NEW SMYRNA BEACH FL 32169		CITY-ST-ZIP: _____	
TITLE: Paula W. Tabar, Sec. Trust	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME: 909 Lincoln		NAME: _____	
STREET ADDRESS: Deland FL 32724		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	

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: **President 2/15/05 386 7381010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #