

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001838

FILED
Apr 16, 2007
Secretary of State

Entity Name: FLEMING-LEES FOUNDATION, INC.

Current Principal Place of Business:

340 ROYAL POINCIANA WAY
PALM BEACH, FL 33480 US

New Principal Place of Business:

Current Mailing Address:

65 CLIFFSIDE CROSSING
ATLANTA, GA 303502704 US

New Mailing Address:

FEI Number: 65-0660155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEY, MAASS, ROGERS & LINSAY P.A.
340 ROYAL POINCIANA WAY
SUITE 321
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: LEES, IRVING B
Address: 65 CLIFFSIDE CROSSING
City-St-Zip: ATLANTA, GA 303502704

Title: DV () Delete
Name: LEES, MAJORIE F
Address: 65 CLIFFSIDE CROSSING
City-St-Zip: ATLANTA, GA 303502704

Title: D () Delete
Name: GRANT, TRACY S
Address: 2 WINAY TERRACE
City-St-Zip: LONG VALLEY, NJ 07853

Title: D () Delete
Name: FRENCH, KIMBERLY F
Address: 1075 CREEK RIDGE POINTE
City-St-Zip: ALPHARETTA, GA 30005

Title: D () Delete
Name: LEES, MADISON T
Address: 1705 DARTMOUTH LANE
City-St-Zip: DEERFIELD, IL 60015

Title: D () Delete
Name: LEES JAMISON, LESLIE C
Address: 216 MONTEREY ROAD
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRVING B. LEES

DPST

04/16/2007

Electronic Signature of Signing Officer or Director

Date