2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# N97000000375

Entity Name: LINDSEY RAE FOUNDATION, INC.

Current Principal Place of Business:

104 SE 12TH STREET
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

104 SE 12 STREET
DEERFIELD BEACH, FL 33441 US

New Mailing Address:

FEI Number: 65-0721671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HODDINOTT, ROBERT MILTON JR.
104 SE 12TH STREET
DEERFIED BEACH, FL 33441 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: PD ( ) Delete
Name: HODDINOTT, ROBERT J
Address: 104 SE 12TH STREET
City-St-Zip: DEERFIELD BCH, FL 33441

Title: VD ( ) Delete
Name: HODDINOTT, LISA
Address: 104 SE 12TH STREET
City-St-Zip: DEERFIELD BCH, FL 33441

Title: TD ( ) Delete
Name: TAYLOR, LUANNE M
Address: 99 NE 6TH AVE
City-St-Zip: DEERFIELD BCH, FL 33441

Title: SD ( ) Delete
Name: HALL, LESLIE
Address: 337 SE 3RD TERRACE
City-St-Zip: DEERFIELD BEACH, FL 33441

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LISA HODDINOTT VD 04/10/2008

Electronic Signature of Signing Officer or Director — Date