


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90013 041 ****61.25

DOCUMENT # N97000003063	
1. Entity Name THE LUTHER FAMILY FOUNDATION, INC.	

Principal Place of Business 555 HWY A1A VERO BEACH, FL 32963 US	Mailing Address 5070 N HIGHWAY A1A SUITE 200 VERO BEACH, FL 32963
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address P. O. Box 370 Suite, Apt. #, etc. City & State Vero Beach, FL Zip 32961 Country USA
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01042008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-0778969	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOORE, JOHN E III 5070 N HWY A1A STE 200 VERO BEACH, FL 32963	
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7. Name and Address of New Registered Agent Name John M. Luther Street Address (P.O. Box Number is Not Acceptable) 555 Highway A-1-A City Vero Beach FL Zip Code 32963	
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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 *John M. Luther* **3/27/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUTHER, JOHN M 555 HWY A1A VERO BEACH, FL 32963 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LUTHER, NANCY R 555 HWY A1A VERO BEACH, FL 32963 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAIN, LINDSAY L 7855 PORCUPINE CREEK ROAD JACKSON, WY 83001 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LANGSTON, JENNIFER L 103 CARR ST MOUNT PLEASANT, SC 29464 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOCKWOOD, KRISTIN L 108 WOLF CREEK DRIVE NORTH MACON, GA 31210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Lindsay G. Luther 251 Bennett Street Mt. Pleasant, SC 29464 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John M. Luther* **PRESIDENT** **3/27/08** **772-567-1151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #