

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90029 050 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N97000005543

1. Entity Name
LYNCH FAMILY FOUNDATION, INC.



Principal Place of Business
**THREE 163RD AVENUE E
REDINGTON BEACH, FL 33708**

Mailing Address
**PO BOX 8125
MADEIRA BEACH, FL 33738-8125**

40001401



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3504019

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FARRUGIA, MARY A
5848 62ND AVE
PINELLAS PARK, FL 33781**

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

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, 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** ☐ Delete
NAME **LYNCH, MICHAEL J**
STREET ADDRESS **THREE 163RD AVENUE E**
CITY-ST-ZIP **REDINGTON BEACH, FL 33708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LYNCH, ERIKA M**
STREET ADDRESS **THREE 163RD AVENUE E**
CITY-ST-ZIP **REDINGTON BEACH, FL 33708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SMITH, NORA M**
STREET ADDRESS **10 MORSE RD**
CITY-ST-ZIP **SHERBORN, MA 01770**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **REDMOND, ERIKA M**
STREET ADDRESS **28 SHERIDAN ROAD**
CITY-ST-ZIP **WELLESLEY HILLS, MA 02481**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LYNCH, KAREN M**
STREET ADDRESS **1734 P STREET NW #45**
CITY-ST-ZIP **WASHINGTON, DC 20036**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **JACKSON, MEGHAN M**
STREET ADDRESS **3912 MIRA VISTA DRIVE**
CITY-ST-ZIP **AUSTIN, TX 78732**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Erika M Lynch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/05

Date

727 319 2151

Daytime Phone #