

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90229 003 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3504019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

LUCILLE HUNT

Street Address (P.O. Box Number is Not Acceptable)

SUITE 8

FOUR 163RD AVE E

City

REDINGTON BEACH

FL

Zip Code

33708

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

K. Lucille Hunt

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

3/7/06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 exemptions contained in Section 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: *Michael J. Lynch* DIRECTOR 3/7/06 727-319-2151