


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000005543</b> 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
--	--

**DO NOT WRITE IN THIS SPACE**



01162008 No Chg-NP CRZE037 (4/06)

4. FEI Number 59-3504019	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUNT, LUCILLE  
FOUR 163RD AVE E STE 8  
SAINT PETERSBURG, FL 33708

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) 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
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, MICHAEL J THREE 163RD AVENUE E REDINGTON BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, ERIKA M THREE 163RD AVENUE E REDINGTON BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, NORA M 10 MORSE RD SHERBORN, MA 01770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDMOND, ERIKA M 28 SHERIDAN ROAD WELLESLEY HILLS, MA 02481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, KAREN M 1734 P STREET NW #45 WASHINGTON, DC 20036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, MEGHAN M 3912 MIRA VISTA DRIVE AUSTIN, TX 78732

**DO NOT WRITE  
IN THIS SPACE**

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 *Erika M Lynch corporate agent* 1/15/08 727 319 2151  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #