

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005543

FILED
Mar 02, 2009
Secretary of State

Entity Name: LYNCH FAMILY FOUNDATION, INC.

Current Principal Place of Business:

THREE 163RD AVENUE E
REDINGTON BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

PO BOX 8125
MADEIRA BEACH, FL 337388125

New Mailing Address:

FEI Number: 59-3504019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MARSH, GARTH
16301 GULF BLVD.
REDINGTON BEACH, FL 33708 US

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: GARTH MARSH

03/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LYNCH, MICHAEL J
Address: THREE 163RD AVENUE E
City-St-Zip: REDINGTON BEACH, FL 33708

Title: D () Delete
Name: LYNCH, ERIKA M
Address: THREE 163RD AVENUE E
City-St-Zip: REDINGTON BEACH, FL 33708

Title: D () Delete
Name: SMITH, NORA M
Address: 10 MORSE RD
City-St-Zip: SHERBORN, MA 01770

Title: D () Delete
Name: REDMOND, ERIKA M
Address: 28 SHERIDAN ROAD
City-St-Zip: WELLESLEY HILLS, MA 02481

Title: D () Delete
Name: LYNCH, KAREN M
Address: 1734 P STREET NW #45
City-St-Zip: WASHINGTON, DC 20036

Title: D () Delete
Name: JACKSON, MEGHAN M
Address: 3912 MIRA VISTA DRIVE
City-St-Zip: AUSTIN, TX 78732

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SMITH, NORA M
Address: 14 WOODLAND ST.
City-St-Zip: SHERBORN, MA 01770

Title: D (X) Change () Addition
Name: REDMOND, ERIKA M
Address: 28 SHERIDAN ROAD
City-St-Zip: WELLESLEY, MA 02481

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: MICHAEL J LYNCH

P

03/02/2009

Electronic Signature of Signing Officer or Director

Date