

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003024

FILED
Jan 05, 2012
Secretary of State

Entity Name: THE LASTINGER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

8342 A1A SOUTH
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

8342 A1A SOUTH
SAINT AUGUSTINE, FL 32080

Current Mailing Address:

8342 A1A SOUTH
SAINT AUGUSTINE, FL 32086

New Mailing Address:

8342 A1A SOUTH
SAINT AUGUSTINE, FL 32080

FEI Number: 59-3512737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASTINGEL, ALLEN L JR
8342 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: LASTINGER, ALLEN L JR
Address: 8342 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: SEC
Name: LASTINGER, DELORES T
Address: 8342 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D
Name: LASTINGER, LANE
Address: 8342 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D
Name: LASTINGER, BETH
Address: 8342 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VPD
Name: RIGGS, LINDSEY
Address: 8342 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D
Name: RIGGS, RYAN
Address: 8342 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: ALLEN L. LASTINGER, JR.

PRES

01/05/2012

Electronic Signature of Signing Officer or Director

Date