

DOCUMENT # N98000007322

1. Entity Name

THE KING/LAGEMAN FOUNDATION, INC.

Principal Place of Business

PO BOX 56003
JACKSONVILLE FL 32241-6003

Mailing Address

PO BOX 56003
JACKSONVILLE FL 32241-6003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3548092

Applied For

Not Applicable

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

LEAS, MICHAEL R
1 INDEPENDENT DRIVE
SUITE 2600
JACKSONVILLE FL 32202

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME LAGEMAN, DAVID K
STREET ADDRESS 43958 ROCHELLE COURT
CITY-ST-ZIP ASHBURN VA 20147

TITLE D ☐ Delete
NAME LAGEMAN, SCOTT A
STREET ADDRESS 43958 ROCHELLE COURT
CITY-ST-ZIP ASHBURN VA 20147

TITLE PD ☐ Delete
NAME LAGEMAN, JEFFREY D
STREET ADDRESS 2907 FOREST CIRCLE
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE SD ☐ Delete
NAME LAGEMAN, CAROLE A
STREET ADDRESS 11125 LAKESPRAY WAY
CITY-ST-ZIP RESTON VA 20191

TITLE D ☐ Delete
NAME GENDREAU, COLLEEN R
STREET ADDRESS 11125 LAKESPRAY WAY
CITY-ST-ZIP RESTON VA 20191

TITLE VD ☐ Delete
NAME DAVIS, MICHAEL T
STREET ADDRESS 905 NORTHERN DANCER WAY #203
CITY-ST-ZIP CASSELBERRY FL 32707

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

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00

Date

(904)448-0118

Daytime Phone #

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90179 021 ****61.25



DO NOT WRITE IN THIS SPACE