

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010151

**Entity Name:** DAVID LAU FOUNDATION, INC

**Current Principal Place of Business:**

1942 PASSAIC AVE  
#10  
FT MYERS, FL 33901

**Current Mailing Address:**

1942 PASSIAC AVE  
10  
FT MYERS, FL 33901 US

**FEI Number:** 47-2269938

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STARRETT, MELINDA K  
1942 PASSAIC AVE  
#10  
FT MYERS, FL 33901 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name STARRETT, MELINDA K  
Address 1942 PASSAIC AVE #10  
City-State-Zip: FT MYERS FL 33901

Title PRESIDENT  
Name STARRETT, RAYMOND E  
Address 1942 PASSAIC AVE #10  
City-State-Zip: FT MYERS FL 33901

Title JRVP  
Name BASEY, JENNIFER  
Address 1942 PASSAIC AVE  
City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR  
Name YACKANECH, LINDY T  
Address 609 N M STREET  
City-State-Zip: LAKE WORTH FL 33460

Title VP  
Name PERCY, AYRES  
Address 1942 PASSAIC AVE  
#10  
City-State-Zip: FT MYERS FL 33901

Title TREASURER  
Name DAVIS, KRISTINA  
Address 1942 PASSAIC AVE  
#10  
City-State-Zip: FT MYERS FL 33901

*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:** MELINDA STARRETT

**PRESIDENT**

**03/07/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date