

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003024

Entity Name: THE LASTINGER FAMILY FOUNDATION, INC.**Current Principal Place of Business:**8342 A1A SOUTH
SAINT AUGUSTINE, FL 32080**Current Mailing Address:**8342 A1A SOUTH
SAINT AUGUSTINE, FL 32080**FEI Number:** 59-3512737**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LASTINGEL, ALLEN LJR
8342 A1A SOUTH
SAINT AUGUSTINE, FL 32080 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	PD
Name	LASTINGER, ALLEN LJR
Address	8342 A1A SOUTH
City-State-Zip:	SAINT AUGUSTINE FL 32080

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

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

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

Title	EXECUTIVE DIRECTOR
Name	RIGGS, LINDSEY
Address	8342 A1A SOUTH
City-State-Zip:	SAINT AUGUSTINE FL 32080

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

Title	SECRETARY
Name	LASTINGER, AMY D
Address	8342 A1A SOUTH
City-State-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**PRESIDENT****01/20/2023**

Electronic Signature of Signing Officer/Director Detail

Date