


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 724567.
 1. Entity Name
DRY PALMS FOUNDATION, INC.



Principal Place of Business 1251 LAMAR ROAD N FT MYERS, FL 33903	Mailing Address 1251 LAMAR ROAD N FT MYERS, FL 33903
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05202008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7292092	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STARKS, CHARLES A
 211 KINGSTON DRIVE
 FORT MYERS, FL 33905

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charles A. Starks* *5/20/08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLLINS, JANICE C 4622 MACKINAW AVE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, DALE 16500 SLATER ROAD N FT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, JERRY 4622 MACKINAW AVE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STARKS, CHARLES A 211 KINGSTON DRIVE FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 06/04/08-80073-02061.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Charles A. Starks* *5/20/08* *2399102839*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #