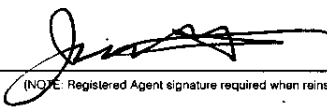
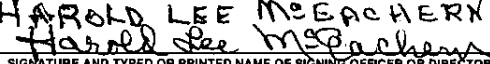


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91050 025 ****61.25

DOCUMENT # N00000000686 1. Entity Name THE HAROLD LEE AND VERNITA RUTH MCEACHERN FAMILY FOUNDATION, INC.					
Principal Place of Business 5129 CASTELLO DR, SUITE 1 NAPLES, FL 34103				Mailing Address 5129 CASTELLO DR, SUITE 1 NAPLES, FL 34103	
2. Principal Place of Business 9115 Galleria Court Suite, Apt. #, etc. #2		3. Mailing Address 9115 Galleria Court Suite, Apt. #, etc. #2			
City & State Naples FL Zip 34109		City & State Naples FL Zip 34109		4. FEI Number 31-1770414	
Country USA		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRAUSS, JEROME M 5129 CASTELLO DR, SUITE 1 NAPLES, FL 34103				7. Name and Address of New Registered Agent Name Strauss, Jerome M. Street Address (P.O. Box Number is Not Acceptable) 9115 Galleria Court #2 City Naples FL Zip Code 34109	
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 Jerome M. Strauss  4-7-04 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 May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BEAN, DIANE S 31105 OLINDA TRAIL BOX 585 LINDSTROM, MN 55045	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Bean, Diana S 13355 Aradia Court NE Bemidji, Mn 56601	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT ROMOSER, CONNIE L 5129 CASTELLO DRIVE SUITE 1 NAPLES, FL 34103	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAUSS, JEROME M 5129 CASTELLO DRIVE SUITE 1 NAPLES, FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Strauss, Jerome M. 9115 Galleria Court #2 Naples, FL 34109	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLLMAN, EDWARD E 5129 CASTELLO DRIVE SUITE 1 NAPLES, FL 34103	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCEACHERN, HAROLD 12210 KELLY GREENS BLVD # 65 FORT MYERS, FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCEACHERN, VERNITA 12210 KELLY GREENS BLVD # 65 FORT MYERS, FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: HAROLD LEE MCEACHERN  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-7-04 (239) 593-0996 Date Daytime Phone #		