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	Mailing Address
5129 CASTELLO DR, SUITE 1 NAPLES, FL 34103	5129 CASTELLO DR, SUITE 1 NAPLES, FL 34103

03102004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
9115 Galleria Court	9115 Galleria Court
Suite, Apt. #, etc.: #2	Suite, Apt. #, etc.: #2
City & State: Naples FL	City & State: Naples FL
Zip: 34109 Country: USA	Zip: 34109 Country: USA

4. FEI Number 31-1770414 ☐ Applied For ☐ Not Applicable

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 Arcadia 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	D 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 Harold Lee McEachern — 4-7-04 — (239) 593-0996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #