2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007
Secretary of State

DOCUMENT# N00000002167

Entity Name: MOREAN PETERSEN FOUNDATION, INC.

Current Principal Place of Business:

3838 TAMIAMI TRAIL N.
SUITE 300
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

3838 TAMIAMI TRAIL N.
SUITE 300
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-3613033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODMAN BREEN & GIBBS, PA
3838 TAMIAMI TRAIL N SUITE 300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PETERSEN, AUDREY M
Address: 4351 GULF SHORE BLVD UNIT 14 SOUTH
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete
Name: PETERSEN, ALFRED D
Address: 4351 GULF SHORE BLVD UNIT 14 SOUTH
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete
Name: MANNING, BETH A
Address: 3618 EL CENTRO
City-St-Zip: ST PETERSBURG, FL 33706

Title: D ( ) Delete
Name: PETERSEN, MARK A
Address: 356 FLAGLER BLVD.
City-St-Zip: LAKE PARK, FL 33403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KENNETH D GOODMAN MGR 02/02/2007

Electronic Signature of Signing Officer or Director Date