

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009772

FILED
Apr 22, 2008
Secretary of State

Entity Name: MATT BOWERS FOUNDATION, INC.

Current Principal Place of Business:

7400 LAKE OLA CIRCLE
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

7400 LAKE OLA CIRCLE
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWERS, NED C
7400 LAKE OLA CIRCLE
MOUNT DORA, FL 32757 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: DIR () Delete
Name: BOWERS, NED C
Address: 7400 LAKE OLA CIRCLE
City-St-Zip: MOUNT DORA, FL 32757

Title: DIR () Delete
Name: HAWLEY, LAURA
Address: 1401 S. FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33803

Title: DIR () Delete
Name: DESTAFANO, SALLY
Address: 525 SKYLINE DRIVE
City-St-Zip: ARGYLE, TX 76226

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:

I hereby certify that the information supplied with this filing does not qualify 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: NED C BOWERS

DIR

04/22/2008

Electronic Signature of Signing Officer or Director

Date