


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N40555
 1. Entity Name
THE MICHAL FOUNDATION, INC.



Principal Place of Business Mailing Address
15300 CORSINI LANE **15300 CORSINI LANE**
NAPLES, FL 34110 **NAPLES, FL 34110**

DO NOT WRITE IN THIS SPACE



02282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0231926	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
MICHAL, ROBERT J.
15300 CORSINI LANE
NAPLES, FL 34110

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 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	DP MICHAL, ROBERT J. 15300 CORSINI LANE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAL, ROMA I. 15300 CORSINI LANE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAIN, ARLENE 27 COLUMBUS CIRCLE BLUFFTON, SC 29909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/18/08-80035-025 61.25

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:  **2/28/08 239-592-1390**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #