2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# N94000003913

Entity Name: THE SHARP FAMILY FOUNDATION, INC.

Current Principal Place of Business:

4264 MONTALVO COURT
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

4264 MONTALVO COURT
NAPLES, FL 34109

New Mailing Address:

FEI Number: 59-3302952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODMAN BREEN & GIBBS
3838 TAMIAMI TRAIL NORTH, STE 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: DVP ( ) Delete
Name: SHARP, WILLIAM K
Address: 1460 GULF BLVD, APT. 603
City-St-Zip: CLEARWATER, FL 33767

Title: DST ( ) Delete
Name: SHARP, MARGARET B
Address: 1460 GULF BLVD, APT. 603
City-St-Zip: CLEARWATER, FL 33767

Title: DP ( ) Delete
Name: SHARP, BARTON W
Address: 4264 MONTALRO DR. VILLAGE WALK
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: RUFFALO, MARGARET
Address: 1456 PARKSIDE DRIVE
City-St-Zip: BOLINGBROOK, IL 60490

Title: D ( ) Delete
Name: SHARP, HARMON
Address: 318 NORLICK DRIVE
City-St-Zip: BRYAN, OH 43506

Title: D ( ) Delete
Name: SHARP, CATHERINE
Address: 318 NORLICK DRIVE
City-St-Zip: BRYAN, OH 43506

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:

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: NANCY J. GIBBS RA 01/09/2007

Electronic Signature of Signing Officer or Director — Date