2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004614

FULOP, II, JACKIE

2236 SW 27TH TERRACE

CAPE CORAL, FL 33904

Name:

Address: City-St-Zip:

Entity Name: HAROLD P. RANSBURG FOUNDATION, INC.

FILED Feb 02, 2007 Secretary of State

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Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	FSHORE BLVD N FL 341024922 US				
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
1221 GULFSHORE BLVD N NAPLES, FL 34102			STE 300	3838 TAMIAMI TR N STE 300 NAPLES, FL 34103	
FEI Number	: 65-0533168 FEI N	umber Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Current	Registered Agent:	Name and Address	s of New Registered Agent:	
GOODMAN, KENNETH D 3838 TAMIAMI TRAIL NORTH SUITE 300 NAPLES, FL 34103 US			3838 TAMIAMI TRA SUITE 300	GOODMAN BREEN & GIBBS 3838 TAMIAMI TRAIL NORTH SUITE 300 NAPLES, FL 34103 US	
	e named entity submits e of Florida.	this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: KENNETH D GOODMAN				02/02/2007	
	Electronic Sign	ature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () Delete RANSBURG, MARIA L 1221 GULF SHORE BLY NAPLES, FL	/D.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete WANNELL, W RAYMON 3005 SOUTH LEISURE SILVER SPRINGS, MD	WORLD, BLVD. UNIT 116	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete LARKIN, RICHARD K M. 10085 DANIELS RUN W FAIRFAX, VA 22030		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete HARVEY, DANIEL REAF 440 ISLAND CIRCLE SARASOTA, FL 34242	R ADM.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete		Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: KENNETH D GOODMAN MGR 02/02/2007