2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# N96000006375

Entity Name: THE EUREKA FOUNDATION, INC.

Current Principal Place of Business:

807 EDGEFOREST TERR
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

807 EDGEFOREST TERR
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 59-3414369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHOQUIST, THOMAS L
807 EDGEFOREST TERR
SANFORD, FL 32771 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:	DS	( ) Delete
Name:	SHOQUIST, VICKI L	
Address:	807 EDGEFOREST TERRACE	
City-St-Zip:	SANFORD, FL 32771	
Title:	DV	( ) Delete
Name:	SHOQUIST, PAUL W	
Address:	327 SANTAGO DRIVE	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	DS	( ) Delete
Name:	MILLER, LAURIE A	
Address:	3833 BROOKMYRA DRIVE	
City-St-Zip:	ORLANDO, FL 32837	
Title:	DP	( ) Delete
Name:	SHOQUIST, THOMAS L	
Address:	807 EDGEFOREST TERRACE	
City-St-Zip:	SANFORD, FL 32771	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DS	(X) Change ( ) Addition
Name:	MILLER, LAURIE A	
Address:	6502 STEP ROCK COURT	
City-St-Zip:	ROGERS, AR 72758	
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: THOMAS L. SHOQUIST DP 04/29/2007

Electronic Signature of Signing Officer or Director — Date