


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # 710959 1. Entity Name DRISCOLL FOUNDATION, INC.	
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Principal Place of Business 8211 WEST BROWARD BOULEVARD PH 2 PLANTATION, FL 33324 US	Mailing Address 8211 WEST BROWARD BOULEVARD PH 2 PLANTATION, FL 33324 US
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04092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1142501	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

**MARDER, MICHAEL E
201 EAST PINE STREET
SUITE 500
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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

**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	VP GARDNER, FRANK C 8211 WEST BROWARD BOULEVARD PH2 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRISCOLL, W JOHN 30 E SEVENTH ST STE 2000 SAINT PAUL, MN 551014930
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRISCOLL, JOHN B 30 E SEVENTH ST STE 2000 SAINT PAUL, MN 551014930
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/22/08-80032-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. John Driscoll
President

Date April 21, 08 Daytime Phone # _____