

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

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90067 017 ****70.00

DOCUMENT # 741890

1. Entity Name
RUTH ECKERD HALL, INC.



Principal Place of Business
**1111 MCMULLEN BOOTH RD
CLEARWATER, FL 33759 US**

Mailing Address
**1111 MCMULLEN BOOTH RD
CLEARWATER, FL 33759 US**



01092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1803628

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FREEDMAN, ROBERT
1111 MCMULLEN BOOTH RD.
CLEARWATER, FL 33759**

**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 PD
NAME FREEDMAN, ROBERT
STREET ADDRESS 1612 FARRIER TRAIL
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE CD
NAME HOFFMAN, MATTHEW P
STREET ADDRESS 4004 S. MACDILL AVE
CITY-ST-ZIP TAMPA, FL 33611

TITLE VD
NAME CANTONIS, GEORGE
STREET ADDRESS 855 PINE STREET P.O. BOX 338
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE TD
NAME BOUCHARD, RICHARD E
STREET ADDRESS 101 STARCREST DRIVE
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE SD
NAME INZINA, TOMMY
STREET ADDRESS 405 BUTTONWOOD LN
CITY-ST-ZIP LARGO, FL 33770

TITLE AT
NAME JUBAIL, KAREN
STREET ADDRESS 5643 BAYVIEW DR
CITY-ST-ZIP SEMINOLE, FL 33772

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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:

Robert A. Freedman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/08 (727)712-2704
Date Daytime Phone #