

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003838

FILED
Feb 02, 2007
Secretary of State

Entity Name: THE SPRINGBORN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

4601 GULF SHORE BLVD NORTH
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

C/O GOODMAN & BREEN
3838 TAMIAMI TRAIL N SUITE 300
NAPLES, FL 34103

New Mailing Address:

C/O GOODMAN BREEN & GIBBS
3838 TAMIAMI TRAIL N SUITE 300
NAPLES, FL 34103

FEI Number: 36-4198540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODMAN & BREEN
3838 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

GOODMAN BREEN & GIBBS
3838 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES, FL 34103 US

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: KENNETH D GOODMAN

02/02/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: SPRINGBORN, CAROLYN J
Address: 4601 GULF SHORE BLVD NORTH
City-St-Zip: NAPLES, FL

Title: VTD () Delete
Name: SPRINGBORN, ROBERT C
Address: 4601 GULF SHORE BLVD NORTH
City-St-Zip: NAPLES, FL

Title: SD () Delete
Name: SPRINGBORN, DEBORAH L
Address: 3342 VILLAGE COURT
City-St-Zip: CAMERON PARK, CA

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:

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: KENNETH D GOODMAN

MGR

02/02/2007

Electronic Signature of Signing Officer or Director

Date