


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # F01000003648	
1. Entity Name THE HEDGES FAMILY CHARITABLE FOUNDATION, INC.	

Principal Place of Business COLLIER PLACE II 3001 TAMiami TRAIL NORTH SUITE 302 NAPLES, FL 34103 US	Mailing Address COLLIER PLACE II 3001 TAMiami TRAIL NORTH SUITE 302 NAPLES, FL 34103 US
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01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0626753	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAIRD, LILE A P.A. 3033 RIVIERA DRIVE SUITE 104 NAPLES, FL 34103	DO NOT WRITE IN THIS SPACE
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HEDGES, JAMES R IV 287 11TH AVENUE SOUTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BLABEY, ROBERT 3001 TAMiami TRAIL NORTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TRAPANI, DOLORES 3001 TAMiami TRAIL NORTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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: *Dolores Trapani* **DOLORES TRAPANI** 1/7/08 239-403-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #