

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90059 031 ****61.25

DOCUMENT # N00000000686

1. Entity Name
**THE HAROLD LEE AND VERNITA RUTH MCEACHERN
FAMILY FOUNDATION, INC.**



Principal Place of Business
**9115 GALLERIA CT #2
NAPLES, FL 34109**

Mailing Address
**9115 GALLERIA CT #2
NAPLES, FL 34109**

50005221



01052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
5150 Tamiami Trail N

3. Mailing Address
5150 Tamiami Trail N.

Suite, Apt. #, etc.
Suite 402

Suite, Apt. #, etc.
Suite 402

City & State
Naples FL

City & State
Naples FL

4. FEI Number
31-1770414

Applied For
☐ Not Applicable

Zip
34103

Country
USA

Zip
34103

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STRAUSS, JEROME M
9115 GALLERIA CT #2
NAPLES, FL 34109**

7. Name and Address of New Registered Agent

Name **Strauss, Jerome M**

Street Address (P.O. Box Number is Not Acceptable)

5150 Tamiami Trail N., Suite 402

City **Naples** FL Zip Code **34103**

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

Jerome M. Strauss

1-5-05

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ Delete
NAME **BEAN, DIANE S**
STREET ADDRESS **13355 ARCADIA CT NS**
CITY-ST-ZIP **BEMIDJI, MN 56601**

TITLE **D** ☐ Delete
NAME **STRAUSS, JEROME M**
STREET ADDRESS **9115 GALLERIA CT #2**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE **D** ☐ Delete
NAME **MCEACHERN, HAROLD**
STREET ADDRESS **12210 KELLY GREENS BLVD # 65**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **D** ☐ Delete
NAME **MCEACHERN, VERNITA**
STREET ADDRESS **12210 KELLY GREENS BLVD # 65**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DPS** ☒ Change ☐ Addition
NAME **Bean, Diana S.**
STREET ADDRESS **13355 Arcadia Ct. NE**
CITY-ST-ZIP **Bemidji, MN 56601**

TITLE **D** ☒ Change ☐ Addition
NAME **Strauss, Jerome H.**
STREET ADDRESS **5150 Tamiami Trail N., Suite 402**
CITY-ST-ZIP **Naples, FL 34103**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Harold Mceachern Harold Mceachern**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(239) 466-4384