

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90061 039 ****61.25

DOCUMENT # N00000000686					
1. Entity Name THE HAROLD LEE AND VERNITA RUTH MCEACHERN FAMILY FOUNDATION, INC.					
Principal Place of Business 5621 STRAND BLVD SUITE 100 NAPLES, FL 34110			Mailing Address 5621 STRAND BLVD SUITE 100 NAPLES, FL 34110		
2. Principal Place of Business - No P.O. Box # 9130 Galleria Court		3. Mailing Address 9130 Galleria Court			
Suite, Apt. #, etc. 311		Suite, Apt. #, etc. 311		01252007 Chg-NP CR2E037 (12/06)	
City & State Naples FL		City & State Naples, FL		4. FEI Number 31-1770414	
Zip 34109		Country Collier		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRAUSS, JEROME M 5621 STRAND BLVD SUITE 100 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name: <u>Strauss, Jerome M.</u> Street Address (P.O. Box Number is Not Acceptable) 9130 Galleria Court, Suite 311 City: <u>Naples</u> <u>FL</u> Zip Code: <u>34109</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS BEAN, DIANA 13355 ARCADIA CT NE BEMIDJI, MN 56601	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRAUSS, JEROME M 5150 TAMiami TRAIL N. STE 402 NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Strauss, Jerome M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9130 Galleria Court, Suite 311 Naples, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCEACHERN, HAROLD 12210 KELLY GREENS BLVD # 65 FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCEACHERN, VERNITA 12210 KELLY GREENS BLVD # 65 FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Diana Bean, Pres.</u>				<u>3/29/07</u> <u>218-243-2089</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	