2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State
04-22-2008 90015 050 ****61.25

DOCUMENT # N00000000686

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

Principal Place of Business	Mailing Address
9130 GALLERIA CT 311 NAPLES, FL 34109	9130 GALLERIA CT 311 NAPLES, FL 34109

03042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5551 Ridgewood Dr.	5551 Ridgewood Dr
Suite, Apt. #, etc.: 501	Suite, Apt. #, etc.: 501
City & State: Naples Fl	City & State: Naples Fl
Zip: 34108 Country: USA	Zip: 34108 Country: USA

4. FEI Number 31-1770414 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STRAUSS, JEROME M
9130 GALLERIA CT SUITE 311
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name: Strauss Jerome H.
Street Address (P.O. Box Number is Not Acceptable): 5551 Ridgewood Dr. Suite 501
City: Naples FL Zip Code: 34108

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: Jerome H. Strauss 3-6-08
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

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRAUSS, JEROME M 9130 GALLERIA CT SUITE 311 NAPLES, FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Strauss, Jerome H. 5551 Ridgewood Dr. Suite 501 Naples Fl 34108 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCEACHERN, HAROLD 12210 KELLY GREENS BLVD # 65 FORT MYERS, FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCEACHERN, VERNITA 12210 KELLY GREENS BLVD # 65 FORT MYERS, FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Diana Bean 4-15-08 218-243-2089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #