

DOCUMENT #

1. Entity Name

N00000002167

MOREAN PETERSEN FOUNDATION, INC.

APPROVED AND FILED

00 APR -7 AM 7:38

SECRETARY OF STATE TALLAHASSEE, FLORIDA C0042109

Principal Place of Business

Mailing Address

2. Principal Place of Business

3838 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 300

City & State

Naples, FL

Zip

34103

Country

USA

3. Mailing Address

3838 Tamiami Trail N.

Suite, Apt. #, etc.

suite 300

City & State

Naples, FL

Zip

34103

Country

USA

4. FEI Number

59-3613033

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Kenneth D. Goodman

3838 Tamiami Trail N., Suite 300

Naples, FL 34103

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW FEES \$61.25

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Table with 4 columns: Name, Address, Title, and Change/Addition. Rows include Audrey M. Petersen, Alfred D. Petersen, Beth A. Manning, and Mark A. Petersen.

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information furnished 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 or on an attachment with an address, with all other life empowered

SIGNATURE:

Audrey M. Petersen AUDREY M. PETERSEN

3/16/00

941-403-3000