

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2006 8:00 am
Secretary of State

06-28-2006 90002 036 ****61.25

DOCUMENT # N00000007236

1. Entity Name
THE DANIEL R. AND ANNE M. HARPER FOUNDATION, INC.



Principal Place of Business
**5571 HALIFAX AVE
FT MYERS, FL 33912**

Mailing Address
**5571 HALIFAX AVE
FT MYERS, FL 33912**

40097313

2. Principal Place of Business

3. Mailing Address

1470 ROYAL PALM SQ. BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06262006

Chg-NP

CR2E037 (4/06)

City & State

City & State

Fort Myers, Florida

4. FEI Number

65-1051090

Applied For

Not Applicable

Zip

Country

33919

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOLAND, JOHN A
HENERSON, FRANKLIN, STARNES & HOLT, P.A.
1715 MONROE ST
FT MYERS, FL 33901**

Name

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

City

FL

Zip Code

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

**Filing Fee is \$61.25
Due by September 6, 2006**

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 ☐ Delete
NAME **CD**
STREET ADDRESS **HARPER, DANIEL R**
CITY-ST-ZIP **5571 HALIFAX AVE
FORT MYERS, FL 33912**

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

TITLE ☐ Delete
NAME **VCD**
STREET ADDRESS **HARPER, ANNE M**
CITY-ST-ZIP **5571 HALIFAX AVE
FORT MYERS, FL 33912**

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

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **THOMPSON, SHARON M**
CITY-ST-ZIP **30 TIMBERLINE CIRCLE SOUTH
FORT MYERS, FL 33919**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **COOPER, DANAH R**
CITY-ST-ZIP **6718 DANIEL COURT
FORT MYERS, FL 33908**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HARPER, DANIEL S**
CITY-ST-ZIP **5571 HALIFAX AVE
FORT MYERS, FL 33912**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **INGE, RONALD E**
CITY-ST-ZIP **5571 HALIFAX AVE
FORT MYERS, FL 33912**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SHARON M. THOMPSON
TREASURER**

6-26-06 (239) 2233