
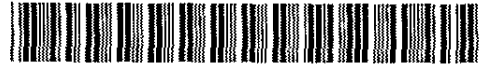



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

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 1470 ROYAL PALM SQ. BLVD FORT MYERS, FL 33919		
DO NOT WRITE IN THIS SPACE			
		01162007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 65-1051090	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent NOLAND, JOHN A HENERSON, FRANKLIN, STARNES & HOLT, P.A. 1715 MONROE ST FT MYERS, FL 33901		DO NOT WRITE IN THIS SPACE	
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
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HARPER, DANIEL R 5571 HALIFAX AVE FORT MYERS, FL 33912	DO NOT WRITE IN THIS SPACE U00000593171 01/22/07-80021-006 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HARPER, ANNE M 5571 HALIFAX AVE FORT MYERS, FL 33912		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMPSON, SHARON M 30 TIMBERLINE CIRCLE SOUTH FORT MYERS, FL 33919		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, DANAH R 6718 DANIEL COURT FORT MYERS, FL 33908		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARPER, DANIEL S 5571 HALIFAX AVE FORT MYERS, FL 33912		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGE, RONALD E 5571 HALIFAX AVE FORT MYERS, FL 33912		
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: 		Date 1-16-07 Daytime Phone # 239 939-2233	