2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000007236

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

Principal Place of Business	Mailing Address
5571 HALIFAX AVE FT MYERS, FL 33912	1470 ROYAL PALM SQ. BLVD FORT MYERS, FL 33919

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01232008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1051090
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HARPER, DANIEL R
STREET ADDRESS	5571 HALIFAX AVE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	VCD
NAME	HARPER, ANNE M
STREET ADDRESS	5571 HALIFAX AVE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	STD
NAME	THOMPSON, SHARON M
STREET ADDRESS	30 TIMBERLINE CIRCLE SOUTH
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	D
NAME	COOPER, DANAH R
STREET ADDRESS	6718 DANIEL COURT
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D
NAME	HARPER, DANIEL S
STREET ADDRESS	5571 HALIFAX AVE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	D
NAME	INGE, RONALD E
STREET ADDRESS	5571 HALIFAX AVE
CITY-ST-ZIP	FORT MYERS, FL 33912

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02/05/08-80026-014 61.25

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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: _____ 1/23/08 239-939-2733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #