

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005846

FILED
Apr 13, 2007
Secretary of State

Entity Name: THE HENDRY FOUNDATION, INC.

Current Principal Place of Business:

24220 ROCK LAKE ROAD
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

711 W. MAIN ST.
IMMOKALEE, FL 34142

New Mailing Address:

FEI Number: 75-3064037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HENDRY, KAREN M
711 W. MAIN ST.
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HENDRY, BRUCE
Address: 711 W. MAIN ST.
City-St-Zip: IMMOKALEE, FL 34142

Title: D () Delete
Name: HENDRY, KAREN M
Address: 711 W. MAIN ST.
City-St-Zip: IMMOKALEE, FL 34142

Title: D () Delete
Name: INGRAM, RACHEL B
Address: 711 W. MAIN ST.
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN HENDRY

D

04/13/2007

Electronic Signature of Signing Officer or Director

Date