2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007945

FILED Apr 24, 2006 Secretary of State

Entity Name: ST. MATTHEW'S CHARITABLE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1005 W COLLEGE BLVD SUITE A NICEVILLE, FL 32578 **New Mailing Address: Current Mailing Address:** 1005 W COLLEGE BLVD SUITE A NICEVILLE, FL 32578 FEI Number: 11-3657535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARRIS, MICHAEL A BURKE, DARLENE K 205 HIGHLAND AVE 239 WAVA AVE VALPARAISO, FL 32580 US US NICEVILLE, FL 32578 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: DARLENE K BURKE 04/24/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HARRIS, MICHAEL A Name: Name: 205 HIGHLAND AVE Address: Address: City-St-Zip: VALPARAISO, FL 32580 City-St-Zip: Title: () Delete Title: (X) Change () Addition SWARTZENDRUBER, GALEN P Name: RODGER, STEVEN C Name: Address: 1921 WALDEMERE ST STE 802 Address: 41 WEST PUTNAM AVENUE City-St-Zip: SARASOTA, FL 32239 City-St-Zip: GREENWICH, CT 06830 Title: () Delete Title: () Change () Addition THORNTON, JERRY W Name: Name: 1750 W BRAODWAY Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: () Delete Title: (X) Change () Addition WECHSLER, JOHN I Name: OWENS, B D Name: 13576 LAKE PT DR SOUTH 41 WEST PUTNAM AVENUE Address: Address: City-St-Zip: CLEARWATER, FL 33762 City-St-Zip: GREENWICH, CT 06830 Title: () Delete Title: (X) Change () Addition PRINGLE, JAMES DANIELS, C BRYAN Name: Name: 191 NORTH WACHER DRIVE STE 800 20 OLD GREAT FALLS ROAD Address: Address: City-St-Zip: WINDHAM, ME 04062 City-St-Zip: CHICAGO, IL 60606

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: MICHAEL A HARRIS D 04/24/2006