2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007
Secretary of State

DOCUMENT# N02000007945

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

Current Principal Place of Business:

1005 W COLLEGE BLVD
SUITE A
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

1005 W COLLEGE BLVD
SUITE A
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 11-3657535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKE, DARLENE K
239 WAVA AVE
NICEVILLE, FL 32578 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: HARRIS, MICHAEL A
Address: 205 HIGHLAND AVE
City-St-Zip: VALPARAISO, FL 32580

Title: D ( ) Delete
Name: RODGER, STEVEN C
Address: 41 WEST PUTNAM AVENUE
City-St-Zip: GREENWICH, CT 06830

Title: D ( ) Delete
Name: THORNTON, JERRY W
Address: 1750 W BRAODWAY
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: WECHSLER, JOHN I
Address: 41 WEST PUTNAM AVENUE
City-St-Zip: GREENWICH, CT 06830

Title: D ( ) Delete
Name: DANIELS, C BRYAN
Address: 191 NORTH WACHER DRIVE STE 800
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MARVIN, JOHN D
Address: 2847 HAZEL GROVE LANE
City-St-Zip: OVIEDO, FL 32766

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

Title: D (X) Change ( ) Addition
Name: THOMAS, JAMES C
Address: 4847 WALNUT RIDGE RD
City-St-Zip: LAND O'LAKES, FL 34638

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: JAMES C THOMAS D 03/23/2007

Electronic Signature of Signing Officer or Director — Date