

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003201

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** THE WHITNEY FOUNDATION, INC.

**Current Principal Place of Business:**

1612 E. CAPE CORAL PARKWAY  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

1612 E. CAPE CORAL PARKWAY  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CODE, MARIE B ESQ  
1612 E. CAPE CORAL PARKWAY  
CAPE CORAL, FL 33904 US

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: PD ( ) Delete  
Name: WHITNEY, RUSSELL A  
Address: 1612 E. CAPE CORAL PARKWAY  
City-St-Zip: CAPE CORAL, FL 33904

Title: SD ( ) Delete  
Name: WHITNEY, INGRID  
Address: 1612 E. CAPE CORAL PARKWAY  
City-St-Zip: CAPE CORAL, FL 33904

Title: TD ( ) Delete  
Name: SIMON, RONALD S  
Address: 1612 E. CAPE CORAL PARKWAY  
City-St-Zip: CAPE CORAL, FL 33904

**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 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: RONALD S. SIMON

T

05/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date