

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90014 015 \*\*\*\*61.25



**DOCUMENT # N03000009662**  
 1. Entity Name  
**DANNAHOWER FAMILY FOUNDATION, INC.**

Principal Place of Business  
**1807 S INDIAN RVR DR  
 FORT PIERCE, FL 34950**

Mailing Address  
**1807 S INDIAN RVR DR  
 FORT PIERCE, FL 34950**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

01142008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**86-1090081**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



**6. Name and Address of Current Registered Agent**

**NUNN, LINDA D  
 1807 S IND. RVR DR  
 FT. PIERCE, FL 34950**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	DANNAHOWER, WILLIAM R	
STREET ADDRESS	809 S. INDIAN RIVER DR	
CITY-ST-ZIP	FORT PIERCE, FL 34950	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANNAHOWER, LUCIA S	
STREET ADDRESS	809 S. INDIAN RIVER DR	
CITY-ST-ZIP	FORT PIERCE, FL 34950	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DANNAHOWER, WILLIAM D	
STREET ADDRESS	6274 N BELMONT WAY	
CITY-ST-ZIP	PARKER, CO 80134	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANNAHOWER, JAMES L.	
STREET ADDRESS	306 MCKINLEY RD	
CITY-ST-ZIP	BEAVER FALLS, PA 15010	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DANNAHOWER, STEPHEN B	
STREET ADDRESS	4383 ISLAND COVE LN	
CITY-ST-ZIP	CHARLOTTE, NC 28216	
TITLE	DST	<input type="checkbox"/> Delete
NAME	NUNN, LINDA D	
STREET ADDRESS	1807 S INDIAN RIVER DR	
CITY-ST-ZIP	FORT PIERCE, FL 34950	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dannahower, William D.	
STREET ADDRESS	2017 S. Indian Riv. Dr.	
CITY-ST-ZIP	Ft. Pierce, FL 34950	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dannahower, James L.	
STREET ADDRESS	2015 S. Indian Riv. Dr.	
CITY-ST-ZIP	Ft. Pierce, FL 34950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Linda D. Nunn* **Linda D. Nunn** **1/14/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #