2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR) --

## DOCUMENT # N03357



1. Entity Nam	no .ST FOUNDATION FOR HA		Secretary of State						
INC.		NDICAFFED CHILD	'ПЕIN,						
Principal Plac	ce of Businoss	Mailing Address							
2180 9TH STREET 3148-A SOUTH GATE CIRCL SUITE 118-E SARASOTA FL 34239 US			E						
2. Principal P	Place of Business - No P O Box #	3. Mailing Address				ANINA IIINA PARA ERIPA	1881 81811 81811	648(  818   818   811	.11181 81 1881
Suite, Apt. #, etc.		Suito, Apt. #, etc.		1st MO	ORE (	CR2E037	(10/06)		
City & State		City & State		4. FEI Number	9-2417258	3		plied For t Applicable	
Zip	Country Zip C		Соι	ıntry	5. Certificate of St	atus Desired		\$8.75 Add Fee Required	
	6. Name and Address of Curren		7. Name and Add	ress of New Ro	gistered	Agent	,		
				Name					
FOXWORTHY, H. RONALD 2180 CORNELL STREET SARASOTA FL 33577				Stroot Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	э
	named entity submits this statement fi ions of registered agent.	or the purposo of changing	its register	ed office or registe	ered agent, or both, in	the State of Flor	rida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or numbed name of registered ager	nt and fille 4 applicable. (N	IOTE: Registere	d Agent signature require	ed when refusialing)		DATE		
FILE NOW: FEE IS \$61.25  Due By May 1, 2007  9. Election Campaign F Trust Fund Contribution				\$5.00 May Be Added to Fees			k Payable tment of S		
4.0									•
10.	OFFICERS AND D	IRECTORS	11.	<u> *.</u>	ADDITIONS/CHANGE	S TO OFFICER	RS AND DI	RECTORS IN	10
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12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutos. 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 logal 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:

C. W. Erb, STD

2/1/07 941 953-5383

STREET ADORESS

CITY-S1-7(P

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE: C. W. Erb, STD