2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005504

MERCURIO, JÓSEPH

SARASOTA, FL 34238

3743 CASTELLON COURT

Name:

Address: City-St-Zip:

itity Name: THE FIELD CLUB FOUNDATION INC

FILED Apr 27, 2007 Secretary of State

| Entity Na | me: THE FIE | ELD CLUB FOUNDATION, IN | IC. | | |
|---|---|---------------------------------------|---|--|--|
| Current P | Principal Plac | e of Business: | New Principal Place | New Principal Place of Business: | |
| 1400 FIEL SARASOT | D RD FA, FL 34231: | 2302 | | | |
| Current M | lailing Addre | ess: | New Mailing Addres | New Mailing Address: | |
| 1400 FIEL SARASOT | D RD FA, FL 34231: | 2302 | | | |
| FEI Number | : 56-2389315 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | d Address of | Current Registered Agent: | Name and Address of | of New Registered Agent: | |
| 800 S OŚI SARASOT | T RAYMOND PREY AVE FA, FL 34236 e named entity e of Florida. | US | ne purpose of changing its registere | d office or registered agent, or both, | |
| SIGNATU | | onic Signature of Registered <i>i</i> | Agent | Date | |
| OFFICERS AND DIRECTORS: | | | - | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | |) Delete OWARD E DUNES DR | Title: Name: Address: City-St-Zip: | () Change() Addition | |
| Title: Name: Address: City-St-Zip: | DT (SUPLEE, T R. 800 S OSPRE SARASOTA, F | EY AVE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | RUTLEDGE, | VE POINT RD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (SHEA, NORM 1420 S LAKE SARASOTA, F | SHORE DR | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: | D (|) Delete | Title: | () Change () Addition | |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: T RAYMOND SUPLEE RA 04/27/2007