2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007714

Entity Name: RICHARD STREFLING FOUNDATION, INC.

FILED Jaņ 13, 2<u>00</u>6 Secretary of State

| Current Principal Place of Business: New Principal Place of Business | Current Principal Place of Business: | New Principal Place of Business |
|--|--------------------------------------|---------------------------------|
|--|--------------------------------------|---------------------------------|

CARLTON FIELDS (C/O DAVID P. BURKE) CARLTON FIELDS (C/O DAVID P. BURKE) 4221 W. BOY SCOÙT BLVD. 4221 W. BOY SCOUT BLVD., SUITE 1000

TAMPA, FL 33607 TAMPA, FL 33607

Current Mailing Address: New Mailing Address:

CARLTON FIELDS (C/O DAVID P. BURKE) P. O. BOX 3239 TAMPA, FL 33601

FEI Number: 42-1641253 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CFRA, LLC CORPORATE CENTER THREE AT INTL. PLAZA 4221 W. BOY SCOUT BOULEVARD

CORPORATE CENTER THREE AT INTL. PLAZA 4221 W. BOY SCOUT BOULEVARD, SUITE 1000 TAMPA, FL 336075736 US TAMPA, FL 33607 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.

CFRA, LLC

SIGNATURE: 01/13/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete STREFLING, RICHARD W STREFLING, RICHARD W Name: Name:

6305 PASADENA POINT BOULEVARD Address: 555 5TH AVENUE, NE Address: City-St-Zip: GULFPORT, FL 33707 City-St-Zip: ST. PETERSBURG, FL 33701

Title: () Delete Title: (X) Change () Addition

GEARHART, RITA J Name: STREFLING, RITA J Name:

Address: 6305 PASADENA POINT BOULEVARD Address: 555 5TH AVENUE, NE City-St-Zip: GULFPORT, FL 33707 City-St-Zip: ST. PETERSBURG, FL 33701

Title: () Delete Title: (X) Change () Addition NOLEN, GARY D

Name: NOLEN, GARY D Name: 6305 PASADENA POINT BOULEVARD 5920 BOXWOOD DRIVE, E Address: Address:

City-St-Zip: GULFPORT, FL 33707 City-St-Zip: SOUTH BEND, IN 46614

Title: () Delete Title: () Change (X) Addition

Name: Name: LUDWIG, ALAN 55755 C.R. 27 Address: Address: City-St-Zip: City-St-Zip: BRISTOL, IN 46607

Title: () Delete Title: () Change (X) Addition

EDMUNDSON, JAMES Name: Name: 21342 CHERI LANE Address: Address: City-St-Zip: City-St-Zip: BRISTOL, IN 46607

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: RICHARD W. STREFLING **PRES** 01/13/2006