## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000007714

Entity Name: STREFLING FOUNDATION, INC.

FILED Jan 08, 2007 Secretary of State

555 5 AVE NE 555 5TH AVENUE NE

ST PETERSBURG, FL 33701 ST PETERSBURG, FL 33701

**Current Mailing Address: New Mailing Address:** 

CARLTON FIELDS (C/O DAVID P. BURKE) 555 5TH AVENUE NE

P. O. BOX 3239 ST. PETERSBURG, FL 33701

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, SUITE 1000 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.

SIGNATURE:

**OFFICERS AND DIRECTORS:** 

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

555 5TH AVENUE, NE Address: 555 5TH AVENUE, NE City-St-Zip: ST. PETERSBURG, FL 33701 City-St-Zip: ST. PETERSBURG, FL 33701

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

STREFLING, RITA J Name: STREFLING, RITA J Name: Address: 555 5TH AVENUE. NE Address: 555 5TH AVENUE, NE City-St-Zip: ST. PETERSBURG, FL 33701 City-St-Zip: ST. PETERSBURG, FL 33701

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

NOLEN, GARY D Name: Name: 5920 BOXWOOD DRIVE, E Address: Address: City-St-Zip: SOUTH BEND, IN 46614 City-St-Zip:

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

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

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

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

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 DP 01/08/2007