


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000008581	
1. Entity Name MACEIKONIS FAMILY FOUNDATION, INC.	

Principal Place of Business 3040 GRAND BAY BLVD UNIT 236 LONGBOAT KEY, FL 34228	Mailing Address P O BOX 8280 LONGBOAT KEY, FL 34228
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DO NOT WRITE IN THIS SPACE



02262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1574780	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

MACEIKONIS, VYTAS
3040 GRAND BAY BLVD
UNIT 236
LONGBOAT KEY, FL 34228

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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	MACEIKONIS, VYTAS
STREET ADDRESS	3040 GRAND BAY BLVD, UNIT 236
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	VSD
NAME	MACEIKONIS, GERDA
STREET ADDRESS	3040 GRAND BAY BLVD, UNIT 236
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	D
NAME	BAND, GREGORY S
STREET ADDRESS	1680 FRUITVILLE ROAD
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

U00000651567
03/09/07-80012-020 70.00

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: Gerda Maceikonis 2/26/07 (941) 387-7177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #