

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N05000004039

1. Entity Name
THE HADDEN FOUNDATION, INC.



Principal Place of Business
17026 ALAMANDA DR
SUGARLOAF KEY, FL 33042

Mailing Address
17026 ALAMANDA DR
SUGARLOAF KEY, FL 33042

FILED
Aug 29, 2008 08:00 AM
Secretary of State



08252008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-2625339

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

STEIN, BERNARD D
200 S BISCAYNE BLVD SUITE 3000
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HADDEN, ALEXANDER 17026 ALAMANDA DR SUGARLOAF KEY, FL 33042
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HADDEN, KATHERINE 17026 ALAMANDA DR SUGARLOAF KEY, FL 33042
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HADDEN, SUSAN H 17026 ALAMANDA DR SUGARLOAF KEY, FL 33042
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T REED, WALTER 311 FAIRVIEW READING, PA 19606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000958562
08/29/08-80001-022 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/08 610-376-1595
Date Daytime Phone #