


61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000012766			
1. Entity Name VERNON G. & SANDRA J.C. BUCHANAN FAMILY FOUNDATION, INC.			
Principal Place of Business 707 SOUTH WASHINGTON BOULEVARD SARASOTA, FL 34236		Mailing Address 707 SOUTH WASHINGTON BOULEVARD SARASOTA, FL 34236	
2. Principal Place of Business - No P.O. Box # 50 Central Ave. Suite 900 Sarasota, FL 34236		3. Mailing Address 50 Central Ave. Suite 900 Sarasota, FL 34236	
Zip		Country	
Zip		Country	
4. FEI Number 20-3963153		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANAN, BENJAMIN R 240 SOUTH PINEAPPLE AVENUE 10TH FLOOR SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD BUCHANAN, SANDRA J <input type="checkbox"/> Delete 835 LONGBOAT KEY CLUB DRIVE LONG BOAT KEY, FL 34228	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCHANAN, VERNON G <input type="checkbox"/> Delete 835 LONGBOAT KEY CLUB DRIVE LONG BOAT KEY, FL 34228	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>\$93/20</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUCHANAN, MATTHEW <input type="checkbox"/> Delete 835 LONGBOAT KEY CLUB DRIVE LONG BOAT KEY, FL 34228	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUCHANAN, JAMES <input type="checkbox"/> Delete 835 LONGBOAT KEY CLUB DRIVE LONG BOAT KEY, FL 34228	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900094853939 03/27/07--01033--009 **\$11.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>		Date: <i>3/6/07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED
07 MAR 16 PM 1:40
TALAMASSEE, FLORIDA



02202007 Chg-NP CR2E037 (12/06)