

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90006 027 ****61.25

DOCUMENT # N06000000990 1. Entity Name EDEN RESEACH FOUNDATION, INC.					
Principal Place of Business 3380 FARLANE FARMS ROAD STE 12 WELLINGTON, FL 33414			Mailing Address 3380 FARLANE FARMS ROAD STE 12 WELLINGTON, FL 33414		
2. Principal Place of Business - No P.O. Box # 3380 FAIRLANE FARMS RD		3. Mailing Address 3380 FAIRLANE FARMS RD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip 		Zip 		Country 	
4. FEI Number 20-4172699				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEERHAMED, MICHELE K 3380 FARLANE FARMS ROAD STE 12 WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3380 FAIRLANE FARMS RD City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 reappointing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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	D BECK, JAN S 3380 FARLANE FARMS ROAD STE 12 WELLINGTON, FL 33414 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3380 FAIRLANE FARMS RD	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCGALLIARD, TERRI 3380 FARLANE FARMS ROAD STE 12 WELLINGTON, FL 33414 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3380 FAIRLANE FARMS RD	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AVERSANO, RANDOLPH V 3380 FARLANE FARMS ROAD STE 12 WELLINGTON, FL 33414 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3380 FAIRLANE FARMS RD	
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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:			Michele K Sheerhamed 3/19/07 795-9200 <small>Signature, typed or printed name of signing officer or director Date Daytime Phone #</small>		

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