

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

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # N06000000990

1. Entity Name
EDEN RESEACH FOUNDATION, INC.



Principal Place of Business
**3380 FAIRLANE FARMS ROAD
WELLINGTON, FL 33414**

Mailing Address
**3380 FAIRLANE FARMS ROAD
WELLINGTON, FL 33414**

DO NOT WRITE IN THIS SPACE



03272008 No Chg-NP CR2E037 (4/06)

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 FAIRLANE FARMS ROAD
WELLINGTON, FL 33414**

**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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000900045
05/05/08-80014-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BECK, JAN S
STREET ADDRESS	3380 FAIRLANE FARMS RD
CITY-ST-ZIP	WELLINGTON, FL 33414

TITLE	D
NAME	MCGALLIARD, TERRI
STREET ADDRESS	3380 FAIRLANE FARMS RD
CITY-ST-ZIP	WELLINGTON, FL 33414

TITLE	D
NAME	AVERSANO, RANDOLPH V
STREET ADDRESS	3380 FAIRLANE FARMS RD
CITY-ST-ZIP	WELLINGTON, FL 33414

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

Date

Daytime Phone #

Jan S Beck

(561)

795-9200