

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

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90039 033 \*\*\*\*61.25

**DOCUMENT # N06000003653**

1. Entity Name  
**ST. MATTHEWS FOUNDATION, INC.**



Principal Place of Business  
**2001 AIRPORT RD. SOUTH  
NAPLES, FL 34112**

Mailing Address  
**2001 AIRPORT RD. SOUTH  
NAPLES, FL 34112**

**DO NOT WRITE IN THIS SPACE**



01312008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ELLISON, VANN R.  
2001 AIRPORT RD. SOUTH  
NAPLES, FL 34112**

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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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LIND, DEAN R.
STREET ADDRESS	1930 PRINCESS CT.
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	D
NAME	GUSTASON, RONALD
STREET ADDRESS	4099 TAMiami TRAIL N., STE. 400
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	D
NAME	WOOD, JOHN R.
STREET ADDRESS	P.O. BOX 1109
CITY-ST-ZIP	NAPLES, FL 34106
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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 #

*Executive Director* 3-24-08 239-774-0500