

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

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

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

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



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01312008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	<input type="checkbox"/> 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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-08 239-774-0500

Date

Daytime Phone #