2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003653

Entity Name: ST. MATTHEWS FOUNDATION, INC.

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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2001 AIRPORT RD. SOUTH NAPLES, FL 34112

Current Mailing Address: New Mailing Address:

2001 AIRPORT RD. SOUTH NAPLES, FL 34112

FEI Number: 26-2980817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ELLISON, VANN R.

2001 AIRPORT RD. SOUTH
NAPLES, FL 34112 US

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

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.

SIGNATURE: VANN R ELLISON 04/08/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: C (X) Change () Addition Name: LIND, DEAN R. Name: FUMO, RICK MR

Address: 1930 PRINCESS CT. Address: 1212 N LAKE SHORES DR, UNIT 12CN

City-St-Zip: NAPLES, FL 34110 City-St-Zip: CHICAGO, IL 60610

Title: D () Delete Title: VC (X) Change () Addition Name: GUSTASON, RONALD Name: LIND, DEAN R MR

 Name:
 GUSTASON, RONALD
 Name:
 LIND, DEAN R MR

 Address:
 4099 TAMIAMI TRAIL N., STE. 400
 Address:
 2016 VIEWPOINT DRIVE

 City-St-Zip:
 NAPLES, FL 34103
 City-St-Zip:
 NAPLES, FL 34110

Title: D () Delete Title: T (X) Change () Addition

 Name:
 WOOD, JOHN R.
 Name:
 BRAVO, ANDRES MR

 Address:
 P.O. BOX 1109
 Address:
 PO BOX 2853

City-St-Zip: NAPLES, FL 34106 City-St-Zip: BONITA SPRINGS, FL 34133

Title: () Delete Title: S () Change (X) Addition

Name: Name: FARRAR, WILLIAM G MR
Address: Address: 100 GLENVIEW PLACE #712

City-St-Zip: City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN LIND VC 04/08/2009