2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 19, 2008 8:00 am Secretary of State

DOCUMENT # N06000006947 03-19-2008 90023 024 ****61.25 EASTMAN FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 4004000 1200 MISTLETOE COURT 1200 MISTLETOE COURT MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152008 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 20-5208641 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EASTMAN, RONALD Street Address (P.O. Box Number is Not Acceptable) 1200 MISTLETOE COURT MARCO ISLAND, FL 34145 City Zip Code 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) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Change Addition TITLE ☐ Delete Mellema, Patricia E EASTMAN, RONALD E MAME NAME 4411 Grand Ale S STREET ADDRESS 1200 MISTLETOE COURT ., STREET ADDRESS MARCO ISLAND, FL 34145 CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE EASTMAN, MARILYN D NAME NAME STREET ADDRESS 1200 MISTLETOE COURT STREET ADDRESS MARCO ISLAND, FL 34145 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE □1 Channe JOHNSON, DEBORAH L NAME NAME 4336 230TH AVENUE NW STREET ADDRESS STREET ADDRESS SAINT FRANCIS, MN 55070 CITY : ST-ZIP -: CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE ratheterician A NAME NAME Grand Ale-S STREET ADDRESS STREET ADDRESS Minnestolts, Md-55419 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition | TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3-17-08 239.393.0442

Date

Dayame Phone #