## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: ARTHUR J WARBURTON CHILLY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Jun 26, 2007 8:00 am Secretary of State

6-18-2007 239-566-7395

DOCUMENT # N06000010275  1. Entity Name THE WARBURTON FAMILY FOUNDATION, INC.								06-26-2007 90001 013 ****61.25	
Principal Place of Business 850 BARCARMIL WAY NAPLES, FL 34110				Mailing Address 850 BARCARMIL WAY NAPLES, FL 34110			•	-	
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mai	ling Address					
Suite, Apt.	#, etc.		Su	ite, Apt. #, etc.				06112007 Chg-NP CR2E037 (12/06)	
City & State	е	City & State					4. FEI Number Applied For 42-1714545 AS Not Applicable		
Zip	Country Zip C				Cou	untry		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name	and Address of Current	Register	ed Agent				7. Name and Address of New Registered Agent	
						Name			
WARBURTON, ARTHUR J 850 BARCARMIL WAY NAPLES, FL 34110						Street Address (P.O. Box Number is Not Acceptable)			
						City FL Zip Code			
the obligat	Signature, types		of the if ap	Vaulust	E: Registere	ARTHUM and Agent signate Financing	e J	\$5.00 May Be Added to Fees  Ware reference of Florida. I am familiar with, and accept DATE  Make theck payable to Personal Department of State	
10.	,	OFFICERS AND DIF	RECTORS		11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			□ Delete			ARTH 850 IE	IDENT/CLASS A DIRECTOR Change Staddition  FOR J. WARBURTON  BARCARMIL WAY  FS. JEL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			EILÉI 850:E	RETARY/TREASURER Change Q Addition ENIM. WARBURTON BARCARMIL WAY LES, FIL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	•		LYNN	SIBIDIRECTOR  M. MCCAFFREY  ORN MOON PLACE 442 FOXHILL PL  BLANDS TX 7961 WATERLOO ONT CA N2T 1X	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete			CARR 140 E	S BIDIRECTIOR  LIE'E. NAPIORKOWSKI  BRIGHTON:LANE  THIS SPRINGS, TX AUGULO 78737	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete			<u> </u>	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CIT	me Reet address Y-st-zip		☐ Change ☐ Addition	
indicated of the cor	on this report reporation or t	of or cumplemental report H	s true and owered to	I accurate and that b execute this repor	my signa t as requ	ature shall t	iave me	d in Chapter 119, Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 17, Florida Statutes; and that my name appears in Block 10 or Block 11 if	