

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010972

FILED
Jan 25, 2007
Secretary of State

Entity Name: RR CARPENTER FOUNDATION, INC.

Current Principal Place of Business:

8115 W. GULF BOULEVARD
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

8115 W. GULF BOULEVARD
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLSON, MARILYN M
FISHER & SAULS, P.A.
100 SECOND AVENUE SOUTH, SUITE 701
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: CARPENTER, RICHARD
Address: 8155 W GULF BOULEVARD
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D () Delete
Name: CARPENTER, RICHARD
Address: 8155 W GULF BOULEVARD
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D () Delete
Name: CARPENTER, ROBIN
Address: 8155 W GULF BOULEVARD
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D () Delete
Name: BOYETTE, WILLIAM
Address: 4505 CHIMNEY CREEK DRIVE
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD N CARPENTER

PVST

01/25/2007

Electronic Signature of Signing Officer or Director

Date