

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/1/2008-90040-024-\$70.00-\$70.00

DOCUMENT # N07000000636	
1. Entity Name THE ECHELE FOUNDATION, INC.	



Principal Place of Business 800 LAUREL OAK DR, SUITE 600 NAPLES, FL 34108	Mailing Address 4690 MUNSON STREET NW CANTON, OH 44718
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address C/O DAVID J. SIMMONS CO.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 4690 MUNSON ST. NW, STE. B
City & State	City & State CANTON, OH
Zip	Zip 44718-3636
Country	Country

FILED
08 SEP -5 AM 9:33
CLERK OF STATE
TALLAHASSEE, FLORIDA



07172008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-8379130	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SIMMONS, DAVID J 800 LAUREL OAK DR, SUITE 600 NAPLES, FL 34108	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____ (NOTE: Registered Agent signature required when renaming) DATE _____

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ECHELE, ROBERT C <input checked="" type="checkbox"/> Delete 143 CLARENDON AVENUE PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Simmons, David J. 800 Laurel Oak Drive, Suite 600 Naples FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <input type="checkbox"/> Delete GEASE, ROBERT I 143 CLARENDON AVENUE PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Patterson, Shaun 8351 N. High Street, Suite 210 Columbus Ohio 43235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <input type="checkbox"/> Delete GEIGER, FRANZ A 143 CLARENDON AVENUE PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GEASE, ROBERT I 214 Brazilian Ave * Suite 230 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GEIGER, FRANZ A 214 Brazilian Ave * Suite 230 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] 7-17-2008 330-400-9809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #