2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# N07000000636

Entity Name: THE ECHELE FOUNDATION, INC.

Current Principal Place of Business:

800 LAUREL OAK DR, SUITE 600
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

C/O DAVID J. SIMMONS CO.
4690 MUNSON ST. NW, STE. B
CANTON, OH 447183636

New Mailing Address:

FEI Number: 20-8379130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SIMMONS, DAVID J
800 LAUREL OAK DR, SUITE 600
NAPLES, FL 34108 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: DIR ( ) Delete
Name: SIMMONS, DAVID J
Address: 800 LAUREL OAK DRIVE, STE. 600
City-St-Zip: NAPLES, FL 34108

Title: DIR ( ) Delete
Name: GEASE, ROBERT I
Address: 214 BRAZILIAN AVE., STE. 230
City-St-Zip: PALM BEACH, FL 33480

Title: DIR ( ) Delete
Name: GEIGER, FRANZ A
Address: 214 BRAZILIAN AVE., STE. 230
City-St-Zip: PALM BEACH, FL 33480

Title: DIR ( ) Delete
Name: PATTERSON, SHAUN
Address: 8351 N. HIGH STREET, STE. 210
City-St-Zip: COLUMBUS, OH 43235

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 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: DAVID J. SIMMONS DIR 02/02/2009

Electronic Signature of Signing Officer or Director — Date