


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

3/2 **FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90020 009 \*\*\*\*61.25

**DOCUMENT # N07000010466**  
 1. Entity Name  
**THE REGAL SWAN FOUNDATION, INC.**



Principal Place of Business  
**8505 W IRLO BRONSON HWY  
 KISSIMMEE, FL 34747**

Mailing Address  
**8505 W IRLO BRONSON HWY  
 KISSIMMEE, FL 34747**

**66006863**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03212008 Chg-NP CR2E037 (12/06)

8. Name and Address of Current Registered Agent  
**BOLIN, SHEILA A  
 2301 BRYAN  
 KISSIMMEE, FL 34741**

4. FEI Number  
**32-0222989**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

9. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Vice President	FUNK, FANCHON F.	113 WESTWOOD DR	TALLAHASSEE, FL 32304	<input type="checkbox"/>
S	GARDNER, GEOFFREY R DR.	3003 HWY 98 S	LAKELAND, FL 33803	<input type="checkbox"/>
T	COOPER, GLORIA	834 COMMONWEALTH COURT	CASSELBERRY, FL 32707	<input type="checkbox"/>
President/CEO	Bolin, Sheila A.	2301 Bryan	Kissimmee, FL 34741	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Sheila A. Bolin 3/23/08 407-931-6838  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #