2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # N10421 Feb 22, 2007 08:00 AM **Secretary of State** HOWARD W. LONG FOUNDATION, INC. Principal Place of Business Mailing Address PO BOX 3127 PO BOX 3127 PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-2555597 Not Applicable Zıp Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo LONG, HOWARD W Street Address (P.O. Box Number is Not Acceptable) 7711 NORTH MILITARY TR **SUITE 1010** PALM BEACH GARDENS FL 33410 Zip Codo 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 Signature, typed or printed name of registered agent and little if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ШЦ Delete DIDE: ☐ Change Addition NAME LONG, HOWARD W NAME STREET ADDRESS U00000644042 7711 NORTH MILITARY TR SUITE 1010 STREET ADDRESS 03/02/07-80026-008 61.25 CITY - ST- 7IP PALM BEACH GARDENS FL 33410 CHY-ST-ZIP TITLE DS ☐ Delete BILL ☐ Change ■ Addil#on NAMI LONG, WENDY D NAME STREET ADDRESS 7711 NORTH MILITARY TR SUITE 1010 STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 oth Delete □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-S1-ZIP шь ☐ Detete Change ☐ Addition NAME NAME STREET ADDRESS STREET LADDRESS CITY-ST-ZIP CHY-SI-7P IIILE ☐ Delete HDF ☐ Change Addition NAMI STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY+S1-7IP HRE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; that I am an efficer 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:

Many W. M. M. Howard W. Legica Press de n.t. D2109107, 561-820-9700.