

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90047 008 ****61.25

DOCUMENT # N16565

1. Entity Name
ECKERD FAMILY FOUNDATION, INC.



Principal Place of Business
**100 N. STARCREST DR.
CLEARWATER, FL 33765 US**

Mailing Address
**P. O. BOX 5165
CLEARWATER, FL 33758 US**

40058769



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2803659

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARK, JOSEPH W
100 N. STARCREST DR.
CLEARWATER, FL 33765**

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

Signatures, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ECKERD, RUTH B.
100 N. STARCREST DR.
CLEARWATER, FL 33765** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
Rosemary Lassiter
100 N. Starcrest Drive
Clearwater, FL 33765** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HART, NANCY E.
100 N STARCREST DR.
CLEARWATER, FL 33765** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Kathleen Swann Brooks
100 N Starcrest Drive
Clearwater, FL 33765** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ECKERD, K. RICHARD
100 N STARCREST DR
CLEARWATER, FL 33765** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
James T. Swann
100 North Starcrest Drive
Clearwater, FL 33765** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CLARK, JOSEPH W
100 N STARCREST DR
CLEARWATER, FL 33765** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
William K. Eckerd
100 N Starcrest Drive
Clearwater, FL 33765** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CLARK, TERRELL S
100 N STARCREST DR
CLEARWATER, FL 33765** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Marilyn A. Downs
100 North Starcrest Drive
Clearwater, FL 33765** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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]
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2, 2007
Date

Daytime Phone #