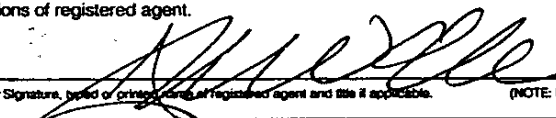
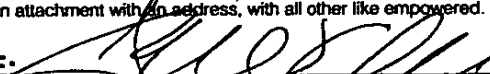


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90027 045 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02082008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2803659	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CLARK, JOSEPH W 100 N. STARCREST DR. CLEARWATER, FL 33765				7. Name and Address of New Registered Agent Name Joseph W. Clark Street Address (P.O. Box Number is Not Acceptable) 3000 Bayport Drive, Suite 560 City Tampa FL Zip Code 33607	
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 				DATE 2-15-2008	
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LASSITER, ROSEMARY 100 N. STARCREST DR. CLEARWATER, FL 33765	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 3000 Bayport Drive, Suite 560 Tampa, FL 33607
		☐ 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	CD 3000 Bayport Drive, Suite 560 Tampa, FL 33607
		☐ 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	CD 3000 Bayport Drive, Suite 560 Tampa, FL 33607
		☐ 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	CD 3000 Bayport Drive, Suite 560 Tampa, FL 33607
		☐ 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	CD 3000 Bayport Drive, Suite 560 Tampa, FL 33607
		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, KATHLEEN S 100 N. STARCREST DRIVE CLEARWATER, FL 33765	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD 3000 Bayport Drive, Suite 560 Tampa, FL 33607
		☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					