# 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 | Mailing Address |
|---|---|
| 100 N. STARCREST DR.<br>CLEARWATER, FL 33765 US | P. O. BOX 5165<br>CLEARWATER, FL 33758 US |

02082008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-2803659 ☐ Applied For ☐ Not Applicable

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 _____ 2-15-2008
Signature, 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, 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<br>LASSITER, ROSEMARY<br>100 N.STARCREST DR.<br>CLEARWATER, FL 33765 | ☐ Delete | D<br>3000 Bayport Drive, Suite 560<br>Tampa, FL 33607 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HART, NANCY E.<br>100 N STARCREST DR.<br>CLEARWATER, FL 33765 | ☐ Delete | C D<br>3000 Bayport Drive, Suite 560<br>Tampa, FL 33607 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ECKERD, K. RICHARD<br>100 N STARCREST DR<br>CLEARWATER, FL 33765 | ☐ Delete | <br>3000 Bayport Drive, Suite 560<br>Tampa, FL 33607 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>CLARK, JOSEPH W<br>100 N STARCREST DR<br>CLEARWATER, FL 33765 | ☐ Delete | <br>3000 Bayport Drive, Suite 560<br>Tampa, FL 33607 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CLARK, TERRELL S<br>100 N STARCREST DR<br>CLEARWATER, FL 33765 | ☐ Delete | <br>3000 Bayport Drive, Suite 560<br>Tampa, FL 33607 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BROOKS, KATHLEEN S<br>100 N. STARCREST DRIVE<br>CLEARWATER, FL 33765 | ☐ Delete | <br>3000 Bayport Drive, Suite 560<br>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 #