

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16565

FILED
Jan 15, 2009
Secretary of State

Entity Name: ECKERD FAMILY FOUNDATION, INC.

Current Principal Place of Business:

100 N. STARCREST DR.
CLEARWATER, FL 33765 US

New Principal Place of Business:

3000 BAYPORT DRIVE
SUITE 560
TAMPA, FL 33607 US

Current Mailing Address:

P. O. BOX 5165
CLEARWATER, FL 33758 US

New Mailing Address:

3000 BAYPORT DRIVE
SUITE 560
TAMPA, FL 33607 US

FEI Number: 59-2803659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, JOSEPH W
3000 BAYPORT DRIVE, SUITE 560
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

CLARK, JOSEPH W PRES.
3000 BAYPORT DRIVE, SUITE 560
TAMPA, FL 33607 US

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.

SIGNATURE: JOSEPH W. CLARK

01/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LASSITER, ROSEMARY
Address: 3000 BAYPORT DRIVE, SUITE 560
City-St-Zip: TAMPA, FL 33607

Title: CD () Delete
Name: HART, NANCY E
Address: 3000 BAYPORT DRIVE, SUITE 560
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: ECKERD, RICHARD K
Address: 3000 BAYPORT DRIVE, SUITE 560
City-St-Zip: TAMPA, FL 33607

Title: P () Delete
Name: CLARK, JOSEPH W
Address: 3000 BAYPORT DRIVE, SUITE 560
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: CLARK, TERRELL S
Address: 3000 BAYPORT DRIVE, SUITE 560
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: BROOKS, KATHLEEN S
Address: 3000 BAYPORT DRIVE, SUITE 560
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH W. CLARK

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date