


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90165 044 \*\*\*\*61.25

<b>DOCUMENT # N29699</b>					
1. Entity Name WILLIAM K. AND ANN M. ECKERD FOUNDATION, INC.					
Principal Place of Business %LES SMOUT 100 N. STARCREST CLEARWATER, FL 33765 US			Mailing Address %LES SMOUT 100 N. STARCREST CLEARWATER, FL 33758 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01052005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2947266	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMOUT, LES 100 N. STARCREST CLEARWATER, FL 33765			Name E B Marshall		
			Street Address (P.O. Box Number is Not Acceptable) 100 N Starcrest		
			City Clearwater		
			City Code FL Zip Code 33765		
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 <u>E B Marshall Treasurer</u>				DATE <u>4.7.05</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ECKERD, WILLIAM K.		NAME	E B Marshall	
STREET ADDRESS	100 N. STARCREST		STREET ADDRESS	100 N Starcrest	
CITY-ST-ZIP	CLEARWATER, FL		CITY-ST-ZIP	Clearwater FL 33765	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKERD, ANN M.		NAME		
STREET ADDRESS	100 N. STARCREST		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOUT, LES		NAME		
STREET ADDRESS	100 N. STARCREST		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>E B Marshall Treasurer</u>			SIGNATURE: <u>E B Marshall</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4.7.05</u> Daytime Phone # <u>727 461-1524</u>		