


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90022 015 \*\*\*\*61.25

<b>DOCUMENT # N29699</b>					
1. Entity Name <b>WILLIAM K. AND ANN M. ECKERD FOUNDATION, INC.</b>					
Principal Place of Business <b>%LES SMOUT 100 N. STARCREST CLEARWATER, FL 33765 US</b>			Mailing Address <b>%LES SMOUT 100 N. STARCREST CLEARWATER, FL 33758 US</b>		
2. Principal Place of Business <b>100 North Starcrest</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 5165</b> Suite, Apt. #, etc.			
City & State <b>Clearwater, FL</b>		City & State <b>Clearwater, FL</b>		4. FEI Number <b>59-2947266</b> Applied For Not Applicable	
Zip <b>33765</b>	Country <b>US</b>	Zip <b>33758</b>	Country <b>US</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MARSHALL, E.B. 100 N. STARCREST CLEARWATER, FL 33765</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					



01062006 Chg-NP CR2E037 (11/05)

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ECKERD, WILLIAM K.</b> <b>100 N. STARCREST</b> <b>CLEARWATER, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ECKERD, ANN M.</b> <b>100 N. STARCREST</b> <b>CLEARWATER, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MARSHALL, E.B.</b> <b>100 N STARCREST</b> <b>CLEARWATER, FL 33765</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Cheryl Lynn Ernst</b> <b>100 N. Starcrest</b> <b>Clearwater, FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Patricia Ann Eckerd</b> <b>100 N. Starcrest</b> <b>Clearwater, FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** EB Marshall **EB Marshall** **3-22-06 (727) 461-1524**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #