


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N29699</b> 1. Entity Name WILLIAM K. AND ANN M. ECKERD FOUNDATION, INC.	
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Principal Place of Business 100 NORTH STARCREST CLEARWATER, FL 33765 US	Mailing Address PO BOX 5165 CLEARWATER, FL 33758 US
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01102007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2947266	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, E.B.  
100 N. STARCREST  
CLEARWATER, FL 33765

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKERD, WILLIAM K. 100 N. STARCREST CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKERD, ANN M. 100 N. STARCREST CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARSHALL, E.B. 100 N STARCREST CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERNST, CHERYL L 100 NORTH STARCREST CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKERD, PATRICIA A 100 NORTH STARCREST CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000632334  
04/13/07-80050-018 61.25

**DO NOT WRITE IN THIS SPACE**

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:** *E.B. Marshall* *E.B. Marshall* **4-3-07** **(927) 461-1524**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #