

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90028 020 ****61.25

DOCUMENT # N29699

1. Entity Name
WILLIAM K. AND ANN M. ECKERD FOUNDATION, INC.



Principal Place of Business
100 NORTH STARCREST
CLEARWATER, FL 33765 US

Mailing Address
PO BOX 5165
CLEARWATER, FL 33758 US



02082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2947266	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** 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 _____

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

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	

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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* *Treasurer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-08
 Date

Daytime Phone #