

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 27, 2009
Secretary of State**

DOCUMENT# N29699

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

Current Principal Place of Business:

100 NORTH STARCREST
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5165
CLEARWATER, FL 33758 US

New Mailing Address:

PO BOX 344
SAFETY HARBOR, FL 34695 US

FEI Number: 59-2947266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

- Title: D () Delete
- Name: ECKERD, WILLIAM K.,
- Address: 100 N. STARCREST
- City-St-Zip: CLEARWATER, FL

- Title: D () Delete
- Name: ECKERD, ANN M.,
- Address: 100 N. STARCREST
- City-St-Zip: CLEARWATER, FL

- Title: T () Delete
- Name: MARSHALL, E.B.
- Address: 100 N STARCREST
- City-St-Zip: CLEARWATER, FL 33765

- Title: D () Delete
- Name: ERNST, CHERYL L
- Address: 100 NORTH STARCREST
- City-St-Zip: CLEARWATER, FL 33765

- Title: D () Delete
- Name: ECKERD, PATRICIA A
- Address: 100 NORTH STARCREST
- City-St-Zip: CLEARWATER, FL 33765

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:

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: E B MARSHALL

Electronic Signature of Signing Officer or Director

T

01/27/2009

Date