


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

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N30929</b>	
1. Entity Name RUTH M. FOY CHARITABLE FOUNDATION, INC.	

Principal Place of Business 2900-2 S. TAMIAMI TR SARASOTA, FL 34239 US	Mailing Address 2900-2 S. TAMIAMI TR SARASOTA, FL 34239 US
--	--



04222007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0102106	Applied For <input type="checkbox"/> 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

DRABIK, ROBERT F.  
 2900 S TAMIAMI TRAIL  
 SARASOTA, FL 34239

**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 \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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 CUNNINGTON, WILLIAM E 124 VINTAGE CT. PAWLEYS ISLAND, SC 29585
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWLES, KENNETH C 4312 BENT TREE BLVD SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRABIK, ROBERT F. 1313 S. LAKE SHORE DR. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRABIK, PATRICIA 1313 S. LAKE SHORE DR. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MENCHINGER, THOMAS 4316 ARDALE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000748786  
 05/17/07-80082-007 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: *Thomas A. Menchinger* THOMAS A. MENCHINGER 4/27/07 941-366-5646

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