

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32475

FILED
Jan 10, 2007
Secretary of State

Entity Name: THE EDWARD J. MCBRIDE FOUNDATION, INC.

Current Principal Place of Business:

12981 TREELINE COURT
NORTH FORT MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 9229
FORT MYERS, FL 33902 US

New Mailing Address:

FEI Number: 65-0170260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKINNER, KAREN A
12981 TREELINE COURT
NORTH FORT MYERS, FL 33903 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: IRELAND, KATHLEEN
Address: 12981 TREELINE CT
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: PD () Delete
Name: MCBRIDE, GALE M.,
Address: 12981 TREELINE CT
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: STD () Delete
Name: MCBRIDE, DANIEL S.
Address: 12981 TREELINE CT
City-St-Zip: NORTH FORT MYERS, FL 33903

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: GALE MCBRIDE

PD

01/10/2007

Electronic Signature of Signing Officer or Director

Date