


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

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N43511 1. Entity Name MEAD FAMILY FOUNDATION, INC.	
--	---

Principal Place of Business 198 FIRST STREET SOUTH WINTER HAVEN, FL 33880-3004	Mailing Address 198 FIRST STREET SOUTH WINTER HAVEN, FL 33880-3004
--	--

DO NOT WRITE IN THIS SPACE



01182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3139203	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent KENNEDY, J. KELLY 198 FIRST STREET SOUTH WINTER HAVEN, FL 33883-7604

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reuniting)	DATE _____
--	--	------------

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP MEAD, GORDON M. 2981 NORTH POINTE DRIVE SHREVEPORT, LA 71106
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT KEELER, CLARE 1819 THIRD ST SE WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS KENNEDY, J. KELLY 198 FIRST STREET, SOUTH WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV MEAD, GORDON M JR 220 WEST 26TH #407 NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

000000539653
01/25/07-80038-010 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1/19/07</u>	Daytime Phone # _____
--	---------------------	-----------------------