2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# N92000000645

Entity Name: THE JOHN K. BASTIEN FOUNDATION, INC.

Current Principal Place of Business:

17571 LAKE PARK ROAD
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 83-2050
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 65-0374276 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUISE, JO ANN T.
17571 LAKE PARK ROAD
BOCA RATON, FL 33487 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:	PTD	( ) Delete
Name:	GUISE, JO ANN T.	
Address:	17571 LAKE PARK ROAD	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	SD	(X) Delete
Name:	PEARSON, EDWIN	
Address:	4798 N. DIXIE HIGHWAY	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	VD	( ) Delete
Name:	TUREK, THOMAS T	
Address:	472 TAYLOR CREEK	
City-St-Zip:	CULLOWHEE, NC 28723	
Title:	D	( ) Delete
Name:	SLINKER, VIRGINIA	
Address:	5160 SABAL PALM GARDEN LANE	
City-St-Zip:	BOCA RATON, FL 33487	

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 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: JO ANN T GUISE PTD 04/10/2007

Electronic Signature of Signing Officer or Director — Date