

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90058 016 ****61.25

DOCUMENT # N94000002586 1. Entity Name HARRIS E. "ZIP" LONG CHARITABLE FOUNDATION, INC.					
Principal Place of Business 150 BELLEVIEW BLVD #207 BELLEAIR, FL 33756			Mailing Address 150 BELLEVIEW BLVD #207 BELLEAIR, FL 33756		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3244546	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LONG, SHIRLEY I 150 BELLEVIEW BLVD #207 BELLEAIR, FL 33756				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. (NOTE: Registered Agent signature required when re-registering)</small>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LONG, CHAS W		NAME	D REV. MIKE MCINNIS	
STREET ADDRESS	3404 MASTERS DR NO		STREET ADDRESS	2299 DREW ST	
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LONG, SHIRLEY I		NAME	D BERNARD J. LECHNER	
STREET ADDRESS	150 BELLEVIEW BLVD 207		STREET ADDRESS	P.O. BOX 5047	
CITY-ST-ZIP	BELLEAIR, FL 33756		CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHMIDT, PAUL C		NAME	D PAUL DUNHAM	
STREET ADDRESS	207 MIDWAY ISLAND		STREET ADDRESS	13577 FEATHER SOUND DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33767		CITY-ST-ZIP	SUITE 400 CLEARWATER, FL 33762	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GUY, EDWARD		NAME	D ALETA B. FISHER	
STREET ADDRESS	1872 DEL ROBLES TERR		STREET ADDRESS	1166 LINDENWOOD DR.	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FISHER, FREDERICK E		NAME	D JOHN A. MACBAIN	
STREET ADDRESS	P O BOX 7690 N/A		STREET ADDRESS	1657 COACHMAKERS LN	
CITY-ST-ZIP	CLEARWATER, FL 33758		CITY-ST-ZIP	CLEARWATER, FL 33865	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STARR, RICK		NAME		
STREET ADDRESS	2299 DREW ST		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP		
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: <i>Shirley I. Long</i> SHIRLEY I. LONG 4-6-07 727-461-2592 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					