

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002586

FILED  
Mar 10, 2009  
Secretary of State

**Entity Name:** HARRIS E. "ZIP" LONG CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

150 BELLEVIEW BLVD  
#207  
BELLEAIR, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

150 BELLEVIEW BLVD  
#207  
BELLEAIR, FL 33756

**New Mailing Address:**

**FEI Number:** 59-3244546

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LONG, SHIRLEY I  
150 BELLEVIEW BLVD  
#207  
BELLEAIR, FL 33756 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: MCGINNIS, MIKE  
Address: 2299 DREW ST  
City-St-Zip: CLEARWATER, FL 33765

Title: TD ( ) Delete  
Name: LONG, SHIRLEY I  
Address: 150 BELLEVIEW BLVD 207  
City-St-Zip: BELLEAIR, FL 33756

Title: VD ( ) Delete  
Name: SCHMIDT, PAUL C  
Address: 207 MIDWAY ISLAND  
City-St-Zip: CLEARWATER, FL 33767

Title: D ( ) Delete  
Name: DUNHAM, PAUL  
Address: 13577 FEATHER SOUND DRIVE SUITE 400  
City-St-Zip: CLEARWATER, FL 33762

Title: PD ( ) Delete  
Name: FISHER, FREDERICK E  
Address: P O BOX 7690 N/A  
City-St-Zip: CLEARWATER, FL 33758

Title: D ( ) Delete  
Name: MACBAIN, JOHN A  
Address: 1657 COACHMAKERS LN  
City-St-Zip: CLEARWATER, FL 33865

**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:

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 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: SHIRLEY I. LONG

TD

03/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date