
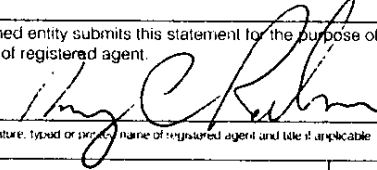
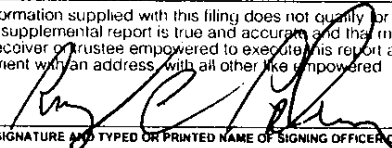


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N96000003516</b>			
1. Entity Name <b>ROY C. AND SUSAN M. PALMER FAMILY CHARITABLE FOUNDATION, INC.</b>			
Principal Place of Business <b>4423 BAYSHORE ROAD SARASOTA, FL 34234 US</b>		Mailing Address <b>4423 BAYSHORE ROAD SARASOTA, FL 34236</b>	
2. Principal Place of Business - No P.O. Box # <b>2052 Ben Franklin Dr.</b>		3. Mailing Address <b>2052 Ben Franklin Dr.</b>	
Suite, Apt. #, etc. <b>Villa D202</b>		Suite, Apt. #, etc. <b>Villa D202</b>	
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>	
Zip <b>34236</b>		Country	
Country		Country	
<b>4. FEI Number</b> <b>31-1471328</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>PALMER, ROY C</b> <del>4423 BAYSHORE ROAD</del> <b>2052 Ben Franklin Dr.</b> <del>SARASOTA, FL 34234</del> <b>Villa D202</b> <b>Sarasota, FL 34236</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 		<b>Roy C. Palmer</b> <b>4/13/07</b>	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when for-stating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>PTD</b> <b>PALMER, ROY C</b> <input type="checkbox"/> Delete <b>4423 BAYSHORE ROAD</b> <b>SARASOTA, FL 34236</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2052 Ben Franklin Dr. VillaD202</b> <b>Sarasota, FL 34236</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>VSD</b> <b>PALMER, SUSAN M</b> <input type="checkbox"/> Delete <b>4423 BAYSHORE ROAD</b> <b>SARASOTA, FL 34236</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2052 Ben Franklin D. r. VillaD202</b> <b>Sarasota, FL 34236</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>D</b> <b>CLAYBOURN, PALMER</b> <input type="checkbox"/> Delete <b>4423 BAYSHORE RD</b> <b>SARASOTA, FL 34236</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2052 Ben Franklin Dr. VillaD202</b> <b>Sarasota, FL 34236</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		<b>Roy C. Palmer</b> <b>4/13/2007</b> <b>941-388-2029</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	