


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90046 037 ****61.25

DOCUMENT # N96000003988			
1. Entity Name HENRY PEOPLES FOUNDATION, INC.			
Principal Place of Business 8218 37TH AVE N ST PETERSBURG, FL 33710		Mailing Address 8218 37TH AVE N ST PETERSBURG, FL 33710	
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



04132007 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCGEE, DANA R JR 5826 27TH TERRACE NORTH ST PETERSBURG, FL 33710		Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code	
		8218 37th Ave N St Pete FL 33710	

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: Dana R MCGEE DATE: 4/13/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	DP MCGEE, DANA R JR 5826 27TH TERRACE NORTH ST PETERSBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCGEE, Dana R. Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8218 37th Ave N St Petersburg, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KEGLOR, ROBERT 9644 105 TERRACE LARGO, FL 33773 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCGEE, KRIS 5826 27TH TERRACE NORTH ST PETERSBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-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: Dana R MCGEE Date: 4/13/07 Daytime Phone #: 727-347-1648
Signature and typed or printed name of signing officer or director