

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

FILED
May 14, 2007 08:00 A
Secretary of State

DOCUMENT # N96000006125

1. Entity Name

CUNNINGHAM FOUNDATION, INC.



Principal Place of Business

UNIT 9S
19950 BEACH ROAD
JUPITER ISLAND, FL 33469

Mailing Address

C/O SCHALLEUR & SURGENT LLC
237 LANCASTER AVE., STE. 1000
DEVON, PA 19333



05042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2005535

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000764267
05/30/07-80054-001 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CUNNINGHAM, WILLIAM J
STREET ADDRESS	UNIT 9S, 19950 BEACH RD.
CITY-ST-ZIP	JUPITER, FL 33469
TITLE	M
NAME	DICAMILLO, CAROLE A
STREET ADDRESS	2638 KIRK AVE.
CITY-ST-ZIP	BROOMELK, PA 19008
TITLE	D
NAME	CUNNINGHAM, SONDRA C
STREET ADDRESS	UNIT 9S, 19950 BEACH RD.
CITY-ST-ZIP	JUPITER, FL 33469
TITLE	D
NAME	REPPERT, HEATHER C
STREET ADDRESS	UNIT 9S, 19950 BEACH RD.
CITY-ST-ZIP	JUPITER, FL 33469
TITLE	D
NAME	CUNNINGHAM, STEPHANIE P
STREET ADDRESS	UNIT 9S, 19950 BEACH RD.
CITY-ST-ZIP	JUPITER, FL 33469
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5.9.07

410-356-5866