

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

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000006417 1. Entity Name BURCHENAL FAMILY FOUNDATION, INC.	
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Principal Place of Business 1058 ELDORADO AVE CLEARWATER, FL 33767 US	Mailing Address 1219 FRANKLIN CIR. CLEARWATER, FL 33756
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3421835	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CROWN, ROBERT E 1219 SOUTH FRANKLIN CIRCLE CLEARWATER, FL 33756
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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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURCHENAL, JR., WILLIAM 1058 ELDORADO AVENUE CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIBSON, MARY J 445 COUNTRY CLUB ROAD BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURCHENAL, ANN KENNEDY 1058 ELDORADO AVENUE CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**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 #