2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000000257

1. Entity Name
CLELAND FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
1100 SOUTH ORLANDO AVENUE APARTMENT 703 MAITLAND, FL 32751	1100 SOUTH ORLANDO AVENUE APARTMENT 703 MAITLAND, FL 32751

02072006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
58-2288064
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLELAND, ARDELL H
1100 SOUTH ORLANDO AVENUE
APARTMENT 703
MAITLAND, FL 32751

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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 _____ DATE
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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	CLELAND, ARDELL H
STREET ADDRESS	1100 SOUTH ORLANDO AVE., APARTMENT 703
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	PD
NAME	CLELAND, ROBERT H
STREET ADDRESS	175 WINDWOOD POINT
CITY-ST-ZIP	SAINT CLAIR SHORES, MI 48080
TITLE	STD
NAME	CLELAND, PAULA M
STREET ADDRESS	175 WINDWOOD POINT
CITY-ST-ZIP	SAINT CLAIR SHORES, MI 48080
TITLE	D
NAME	KEEGAN, CARRIE
STREET ADDRESS	4991 ASHBROOK CIR
CITY-ST-ZIP	LITTLETON, CO 80130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/07/06-80020-011 61.25

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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: Robert Cleland ROBERT CLELAND, PRESIDENT 2/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Telephone Number 313 232-5525