

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N97000000257

1. Entity Name
CLELAND FAMILY FOUNDATION, INC.



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

Mailing Address
1100 SOUTH ORLANDO AVENUE
APARTMENT 703
MAITLAND, FL 32751



03062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**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 May 1, 2007**

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

U00000666446
03/23/07-80070-019 61.25

**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

Robert H. Cleland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT H. CLELAND

6 March 07 3132345525

Date

Daytime Phone #