

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90025 048 ****61.25

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	
2. Principal Place of Business - No P.O. Box # 1620 Mayflower Ct. Suite, Apt. #, etc. Apt. A204 City & State Winter Park, FL Zip 32792		3. Mailing Address 175 Windwood Pointe Suite, Apt. #, etc. City & State St. Clair Shores, MI Zip 48080	
4. FEI Number 58-2288064		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1620 Mayflower Ct. Apt. A204 City Winter Park FL Zip Code 32792	
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 <u><i>Ardell H. Cleland</i></u> Ardell H. Cleland 2/17/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VPD CLELAND, ARDELL H 1100 SOUTH ORLANDO AVE., APARTMENT 703 MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1620 Mayflower Ct. Apt. A204 Winter Park FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLELAND, ROBERT H 175 WINDWOOD POINT SAINT CLAIR SHORES, MI 48080 <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	STD CLELAND, PAULA M 175 WINDWOOD POINT SAINT CLAIR SHORES, MI 48080 <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	D KEEGAN, CARRIE 4991 ASHBROOK CIR LITTLETON, CO 80130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 65 GREY FOX RUN CHAGRIN FALLS, OH 44022
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: <u><i>Robert H. Cleland</i></u> Robert H. Cleland 2/17/08 313234-5525 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			