

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000257

FILED
Feb 28, 2010
Secretary of State

Entity Name: CLELAND FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1620 MAYFLOWER CT APT A204
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

175 WINDWOOD POINTE
SAINT CLAIR SHORES, MI 48080

New Mailing Address:

FEI Number: 58-2288064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLELAND, ARDELL H
1620 MAY FLOWER CT APT A204
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD
Name: CLELAND, ARDELL H
Address: 1620 MAY FLOWER CT APT A204
City-St-Zip: WINTER PARK, FL 32792

Title: PD
Name: CLELAND, ROBERT H
Address: 175 WINDWOOD POINT
City-St-Zip: SAINT CLAIR SHORES, MI 48080

Title: STD
Name: CLELAND, PAULA M
Address: 175 WINDWOOD POINT
City-St-Zip: SAINT CLAIR SHORES, MI 48080

Title: D
Name: KEEGAN, CARRIE
Address: 65 GREY FOX RUN
City-St-Zip: CHAGRIN FALLS, OH 44022

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT H. CLELAND

PD

02/28/2010

Electronic Signature of Signing Officer or Director

Date