

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000002302**

1. Entity Name  
**THE EGGER PRIVATE FOUNDATION, INC.**



Principal Place of Business  
**14243 BALMORAL RD.  
RIVEVIEW, MI 48192**

Mailing Address  
**14243 BALMORAL RD.  
RIVEVIEW, MI 48192**

**DO NOT WRITE IN THIS SPACE**



01142004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0746709**

Applied For  
Not Applicable

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

**5. Name and Address of Current Registered Agent**

**EGGER, JEWELL  
1330 MYERLEE COUNTRY CLUB BLVD.  
FT. MYERS, FL 33919**

**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 Agents signature required when reconstituting)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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  
**DP  
EGGER, JEWELL  
1330 MYERLEE COUNTRY CLUB BLVD.  
FT. MYERS, FL 33919**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
EGGER, KENNETH L JR  
611 S MISSION  
MT PLEASANT, MI 48858**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
EGGER, KIMBERLY IRENE  
2111 MONTEREY PARKWAY  
DUNWOODY, GA 30350**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
EGGER, KENNETH L  
14243 BALMORAL RD.  
RIVEVIEW, MI 48192**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
LOURINE, EGGER D  
14243 BALMORAL ROAD  
RIVEVIEW, MI 48192**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

110000010666  
01/23/04-80007-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

239

January 16, 2004 481-6394