## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N97000002302

1 Entity Mama

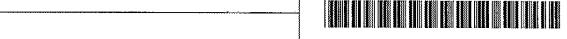
THE EGGER PRIVATE FOUNDATION, INC.

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

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 CR2E

CR2E037 (10/03)

4. FEI Number 65-0746709 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

Filing Fee is \$61.25

Due by May 1, 2004

LOURAINE, EGGER D

14243 BALMORAL ROAD

RZIVERVIEW, MI 48192

## DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement for the purpose of changing its re	egistered office or registered agent, or both, in the State of Florida.	am familiar with, and accept
	the obligations of registered agent		·

(NOTE: Registered Agent signature required when roinstating)

SIGNATURE\_

Signature, typed or printed name of registered agent and trie if applicable

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. BILE NAME EGGER, JEWELL STREET ADDRESS 1330 MYERLEE COUNTRY CLUB BLVD. QTY-ST-78 FT. MYERS, FL 33919 UNE DΛ NAME EGGER, KENNETH L JR STREET ADDRESS 611 S MISSION CITY-ST-78 MT PLEASANT, MI 48858 NAME EGGER, KIMBERLY IRENE STREET ADDRESS 2111 MONTEREY PARKWAY CITY-ST-ZIP DUNWOODY, GA 30350 TITLE EGGER, KENNETH L STREET ADDRESS 14243 BALMORAL RD. CITY-ST-ZIP RIVERVIEW, MI 48192 RILE

DATE

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 of 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 attention (its empowered).

SIGNATURE

NAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CATY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4 2004 481-639