2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000002302

1. Entity Name
THE EGGER PRIVATE FOUNDATION, INC.

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

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07292005 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

6. Name and Address of Current Registered Agent

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

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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: _____ Aug 2, 2005
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 September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	EGGER, JEWELL
STREET ADDRESS	1330 MYERLEE COUNTRY CLUB BLVD.
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	DV
NAME	EGGER, KENNETH L JR
STREET ADDRESS	611 S MISSION
CITY-ST-ZIP	MT PLEASANT, MI 48858
TITLE	DV
NAME	EGGER, KIMBERLY IRENE
STREET ADDRESS	2111 MONTEREY PARKWAY
CITY-ST-ZIP	DUNWOODY, GA 30350
TITLE	DST
NAME	EGGER, KENNETH L
STREET ADDRESS	14243 BALMORAL RD.
CITY-ST-ZIP	RIVERVIEW, MI 48192
TITLE	DST
NAME	LOURAINE, EGGER D
STREET ADDRESS	14243 BALMORAL ROAD
CITY-ST-ZIP	RIVERVIEW, MI 48192
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000376019
08/09/05-80002-017 61.25

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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: _____ Aug 2, 2005 (734)479-1027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #