

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

FILED
Jan 24, 2008 08:00 A
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**



01162008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**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 Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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.
RIVERVIEW, MI 48192**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U000000735883

01/29/08-80010-005-61.25

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 or without the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/08 (23) 481-5939
Date Daytime Phone