

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000004974**

1. Entity Name  
**THE EVELYN V. MCPHERSON FOUNDATION, INC.**



Principal Place of Business  
**1200 N FEDERAL HWY STE 420  
C/O BUTZEL LONG  
BOCA RATON, FL 33432**

Mailing Address  
**1200 N FEDERAL HWY STE 420  
C/O BUTZEL LONG  
BOCA RATON, FL 33432**



02052007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-2061167**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**RAYMOND, JOHN J JR  
C/O BUTZEL LONG  
1200 N FEDERAL HIGHWAY STE 420  
BOCA RATON, FL 33432**

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000638069  
02/27/07-80015-010 61.25

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MCPHERSON, EVELYN V  
STREET ADDRESS 1200 N FEDERAL HWY STE 420  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE TD  
NAME HANZIE, CARL W  
STREET ADDRESS 1200 N FEDERAL HWY STE 420  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE SD  
NAME RAYMOND, JOHN J JR  
STREET ADDRESS 1200 N FEDERAL HWY STE 420  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/13/07**  
Date

**954-427-3815**  
Daytime Phone #