


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

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N97000005724 1. Entity Name NELDNER FUND, INC.	
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Principal Place of Business 1912 SPOONBILL ST JACKSONVILLE, FL 32224	Mailing Address 1912 SPOONBILL ST JACKSONVILLE, FL 32224
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04282007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3471417	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NELDNER, PATRICIA G 1912 SPOONBILL ST JACKSONVILLE, FL 32224
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**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARD, KIMBERLY 1912 SPOONBILL ST JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV NELDNER, PATRICIA G 1912 SPOONBILL ST JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP NELDNER, ROBERT F 730 CALWOOD CHASE ROSWELL, GA 30075
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NELDNER, PEGGY A 730 CALWOOD CHASE ROSWELL, GA 30075
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/23/07-80092-010 61.25

**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: *Patricia G. Neldner* **4-27-07 904-221-3933**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PATRICIA G. Neldner