

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000005724	
1. Entity Name NELDNER FUND, INC.	

Principal Place of Business 1912 SPOONBILL ST JACKSONVILLE, FL 32224	Mailing Address 1912 SPOONBILL ST JACKSONVILLE, FL 32224
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04232008 No Chg-NP CR2E037 (4/06)

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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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 05/16/08-80022-019 61.25

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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* PATRICIA G. Neldner 4-22-08 904-221-3933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #