

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000000942**

1. Entity Name

**SHIRLEY I. LONG CHARITABLE FOUNDATION, INC.**



Principal Place of Business

**150 BELLEVUE BLVD  
#207  
BELLEAIR FL 33756**

Mailing Address

**150 BELLEVUE BLVD #207  
BELLFAIR FL 33756**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

4. FEI Number

**65-0826368**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LECHNER, BERNARD  
2039 BRENDLA RD  
CLEARWATER FL 33755**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PSD**  
STREET ADDRESS **LONG, SHIRLEY I**  
CITY- ST- ZIP **POST OFFICE BOX 897  
CLEARWATER FL 33757**

☐ Change ☐ Add  
**U00000515333**  
**04/29/06-80197-022 61.25**

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **LECHNER, BERNARD J**  
CITY- ST- ZIP **POST OFFICE BOX 5147  
CLEARWATER FL 33758**

☐ Change ☐ Add

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **FISHER, FREDERICK E**  
CITY- ST- ZIP **1166 LINDENWOOD DRIVE  
TARPON SPRINGS FL 34689**

☐ Change ☐ Add

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Add

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Add

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

*Shirley I. Long*

*4/17/06*

**337-461-259**