


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # N98000000942	
1. Entity Name SHIRLEY I. LONG CHARITABLE FOUNDATION, INC.	

Principal Place of Business 150 BELLEVIEW BLVD #207 BELLEAIR, FL 33756	Mailing Address 150 BELLEVIEW BLVD #207 BELLFAIR, FL 33756
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DO NOT WRITE IN THIS SPACE



01292007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0826368	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when restate) 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	PSD LONG, SHIRLEY I POST OFFICE BOX 697 CLEARWATER, FL 33757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LECHNER, BERNARD J POST OFFICE BOX 5147 CLEARWATER, FL 33758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FISHER, FREDERICK E 1166 LINDENWOOD DRIVE TARPOON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/18/07-80014-006 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: Shirley I. Long - **SHIRLEY I. LONG** 4-5-07 727-461-2592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #