

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 08:00 AM
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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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 is required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

TITLE: **PSD** ☐ Delete
NAME: **LONG, SHIRLEY I**
STREET ADDRESS: **POST OFFICE BOX 697**
CITY- ST- ZIP: **CLEARWATER FL 33757**

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

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: **U00000937932**
STREET ADDRESS: **05/27/08-80070-011 61.25**
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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STREET ADDRESS:
CITY- ST- ZIP:

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 PSD

4/27/08