

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002167

FILED
Apr 14, 2007
Secretary of State

Entity Name: THE STERLING FOUNDATION, INC.

Current Principal Place of Business:

20425 HIGHLANDS LKS.
N. MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

20425 HIGHLANDS LKS.
N. MIAMI, FL 33179

New Mailing Address:

FEI Number: 65-0829973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BETHEL, CHRISTINE
20425 HIGHLANDS LKS.
N. MIAMI, FL 33179 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STERLING, LEANA
Address: 20425 HIGHLANDS LKS.
City-St-Zip: N. MIAMI, FL 33179

Title: VD () Delete
Name: BETHEL, CHRISTINE
Address: 20425 HIGHLANDS LKS.
City-St-Zip: N. MIAMI, FL 33179

Title: D () Delete
Name: ROLLE, THERESA
Address: 20425 HIGHLANDS LKS.
City-St-Zip: N. MIAMI, FL 33179

Title: TD () Delete
Name: KNOWLES, HAZEL
Address: 20425 HIGHLANDS LKS.
City-St-Zip: N. MIAMI, FL 33179

Title: SD () Delete
Name: BETHEL, DANIELLE
Address: 20425 HIGHLANDS LKS.
City-St-Zip: N. MIAMI, FL 33179

Title: D () Delete
Name: GRAY, KEKESHELL
Address: 20425 HIGHLANDS LKS.
City-St-Zip: N. MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE BETHEL

VD

04/14/2007

Electronic Signature of Signing Officer or Director

Date