# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 16, 2007**
**Secretary of State**

DOCUMENT# N99000001395

**Entity Name:** STIMPSON FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

3461 CREEKVIEW DR.
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

3461 CREEKVIEW DR.
BONITA SPRINGS, FL 34134

**New Mailing Address:**

**FEI Number: 65-0900897** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOODMAN, KENNETH D
3838 TAMIAMI TRAIL NO.,STE.300
NAPLES, FL 34103 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: D ( ) Delete
Name: STIMPSON, JOHN G
Address: 3461 CREEKVIEW DR.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D (X) Delete
Name: STIMPSON, KATHLEEN E
Address: 3461 CREEKVIEW DR.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete
Name: STIMPSON, JOHN M
Address: 3461 CREEKVIEW DR.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete
Name: STIMPSON, ROBERT D
Address: 3461 CREEKVIEW DR.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete
Name: STIMPSON, MICHAEL G
Address: 3461 CREEKVIEW DR.
City-St-Zip: BONITA SPRINGS, FL 34134

**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:

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: JOHN G. STIMPSON D 02/16/2007

Electronic Signature of Signing Officer or Director — Date