

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002916

FILED
Apr 29, 2007
Secretary of State

Entity Name: BERNARD F. AND MARY ANN POWELL FOUNDATION, INC.

Current Principal Place of Business:

1700 GULF BLVD.
BELLEAIR SHORES, FL 33786

New Principal Place of Business:

Current Mailing Address:

1700 GULF BLVD.
BELLEAIR SHORES, FL 33786

New Mailing Address:

FEI Number: 59-3575091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, BERNARD
1700 GULF BLVD.
BELLEAIR SHORES, FL 33786 US

Name and Address of New Registered Agent:

POWELL, BERNARD F
1700 GULF BLVD.
BELLEAIR SHORES, FL 33786 US

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: BERNARD F. POWELL

04/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: POWELL, BERNARD
Address: 1700 GULF BLVD.
City-St-Zip: BELLEAIR SHORES, FL 33786

Title: D () Delete
Name: POWELL, MARY ANN
Address: 1700 GULF BLVD.
City-St-Zip: BELLEAIR SHORES, FL 33786

Title: D () Delete
Name: LARSON, ROGER A
Address: 911 CHESTNUT STREET
City-St-Zip: CLEARWATER, FL 33756

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: ARCHANGELI, MATTHEW C
Address: 3671 AVOCADO DR
City-St-Zip: LARGO, FL 33770

Title: D () Change (X) Addition
Name: STRONG, KATHLEEN
Address: 101 PONCE DE LEON BLVD
City-St-Zip: BELLEAIR, FL 33756

I hereby certify that the information supplied with this filing does not qualify 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: BERNARD F. POWELL

PSTD

04/29/2007

Electronic Signature of Signing Officer or Director

Date