

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 07, 2008  
Secretary of State**

DOCUMENT# N99000002916

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 F  
1700 GULF BLVD.  
BELLEAIR SHORES, FL 33786      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: 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: ARCHANGELI, MATTHEW C  
Address: 3671 AVOCADO DR  
City-St-Zip: LARGO, FL 33770

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

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

Title: D      ( ) Change (X) Addition  
Name: ARCHANGELI, ELIZABETH  
Address: 1700 GULF BLVD  
City-St-Zip: BELLEAIR SHORE, FL 33786

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: MATTHEW C. ARCHANGELI

DIR

01/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date