

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000003412

**Entity Name:** MARIA L. RANSBURG CHARITABLE FOUNDATION, INC

**FILED**  
**Mar 27, 2013**  
**Secretary of State**  
**CC9797454670**

**Current Principal Place of Business:**

1221 GULF SHORE BLVD. NORTH  
#401  
NAPLES, FL 34102

**Current Mailing Address:**

C/O RICHARD L. SWOPE, CPA  
8955 FONTANA DEL SOL WAY  
NAPLES, FL 34109

**FEI Number: 38-6870585**

**Certificate of Status Desired: No**

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

SWOPE, RICHARD LCPA  
8955 FONTANA DEL SOL WAY  
NAPLES, FL 34109 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name RANSBURG, MARIA L  
Address 1221 GULF SHORE BLVD. NORTH  
#401  
City-State-Zip: NAPLES FL 34102

Title D  
Name FULOP, JACK  
Address 117 NORTH STREET  
City-State-Zip: NAPLES FL 34103

Title D  
Name SWOPE, RICHARD L  
Address 8955 FONTANA DEL SOL WAY  
City-State-Zip: NAPLES FL 34109

Title D  
Name BANCROFT, ELIZABETH  
Address 1221 GULF SHORE BLVD. NORTH  
#401  
City-State-Zip: NAPLES FL 34102

Title D  
Name LEACH JOHNSON, KIMBERLY  
Address 1395 PANTHER LANE, SUITE 300  
City-State-Zip: NAPLES FL 34109

*I hereby 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 all other like empowered.*

**SIGNATURE: MARIA RANSBURG**

**D**

**03/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date