


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**


FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # 703142
1. Entity Name
HUGHEY FOUNDATION INC



Principal Place of Business 205 S HOOVER ST TAMPA, FL 33609	Mailing Address 205 S HOOVER ST TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE



02272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0965239	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HUGHEY, L. M.
205 HOOVER STREET
TAMPA, FL 33609**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000654214
03/13/07-80053-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THATCHER, CAROLYN 205 S. HOOVER ST. STE 400 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHEY, L M 205 HOOVER STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, SHIRLEY 205 S HOOVER TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shirley Carter, Shirley Carter **2/27/07** **813-286-2323**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #