2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# 706583

Entity Name: THE NEWMAN FOUNDATION, INC.

Current Principal Place of Business:

2701 16TH STREET
P.O. BOX 2030
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

2701 16TH STREET
P.O. BOX 2030
TAMPA, FL 33605

New Mailing Address:

FEI Number: 59-6150341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWMAN,S J
3435 BAYSHORE BLVD. #800N
TAMPA, FL 33629

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: PTD ( ) Delete
Name: NEWMAN,S J,
Address: 3435 BAYSHORE BLVD # 800 N
City-St-Zip: TAMPA, FL 33629

Title: VD ( ) Delete
Name: NEWMAN, ERIC,
Address: 401 ROYAL POINCIANA
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete
Name: NEWMAN, ROBERT,
Address: 3102 BEACH DR
City-St-Zip: TAMPA, FL 33629

Title: S ( ) Delete
Name: COXBILL, SHIRA D
Address: 4829 WEST FLAMINGO ROAD
City-St-Zip: TAMPA, FL 33611

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHIRA COXBILL S 04/29/2004

Electronic Signature of Signing Officer or Director — Date