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Jul 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733754 (6)
 1. Corporation Name
The Nathan B. Stubblefield Foundation, Inc.

Principal Place of Business Mailing Address
1210 East Martin Luther King Blvd.
Tampa, Florida 33603-4449

3. Date Incorporated or Qualified
09/05/75

4. FEI Number **59-1619213** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fees Required**

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Mailing Address Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	29. Mailing Address Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country
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9. Name and Address of Current Registered Agent

Louis Putney
2613 Watrous Avenue
Tampa, Florida 33629

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83. City
 84. State **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **6-15-98**

12. OFFICERS AND DIRECTORS	
TITLE	President <input type="checkbox"/> DELETE
NAME	Louis Putney
STREET ADDRESS	2613 Watrous Avenue
CITY-ST-ZIP	Tampa, FL 33629
TITLE	First Vice President <input type="checkbox"/> DELETE
NAME	Bill Lee
STREET ADDRESS	5401 40th Avenue North
CITY-ST-ZIP	St. Petersburg, FL 33709
TITLE	Second Vice President <input type="checkbox"/> DELETE
NAME	Richard Bittmann
STREET ADDRESS	313 West Haya Street
CITY-ST-ZIP	Tampa, FL 33603
TITLE	Treasurer <input type="checkbox"/> DELETE
NAME	Kevin Napper
STREET ADDRESS	910 South Oregon
CITY-ST-ZIP	Tampa, FL 33606
TITLE	Secretary <input type="checkbox"/> DELETE
NAME	Rebecca Harrison Steele
STREET ADDRESS	400 North Ashley Street
CITY-ST-ZIP	Tampa, FL 33602
TITLE	Director <input type="checkbox"/> DELETE
NAME	Eddie Adams
STREET ADDRESS	9504 Woodland Ridge Drive
CITY-ST-ZIP	Tampa, FL 33637

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Franklin Bowman
1.3 STREET ADDRESS	210 Meadowlark Lane
1.4 CITY-ST-ZIP	Clearwater, FL 34619
2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cameron Dilley
2.3 STREET ADDRESS	2817 Aquila Street
2.4 CITY-ST-ZIP	Tampa, FL 33629
3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Arlene Engelhardt
3.3 STREET ADDRESS	14240 North 42nd Street
3.4 CITY-ST-ZIP	Tampa, FL 33613
4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Rita Jane Iacino
4.3 STREET ADDRESS	10107 Hickory Hollow Court
4.4 CITY-ST-ZIP	Tampa, FL 33615
5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Steve McCarter
5.3 STREET ADDRESS	18916 Crescent Road
5.4 CITY-ST-ZIP	Odessa, FL 33556
6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Jan Roberts
6.3 STREET ADDRESS	2109 Bayshore Blvd.
6.4 CITY-ST-ZIP	Tampa, FL 33606

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *W E Lee* 15 JUNE 98 813 974 2136

CR2E037 (10/97)