

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733754

FILED
Apr 01, 2005
Secretary of State

Entity Name: THE NATHAN B. STUBBLEFIELD FOUNDATION, INC.

Current Principal Place of Business:

1210 E MARTIN LUTHER KING BLVD
TAMPA, FL 336034449 US

New Principal Place of Business:

Current Mailing Address:

1210 E MARTIN LUTHER KING BLVD
TAMPA, FL 336034449 US

New Mailing Address:

FEI Number: 59-1619213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGLEHARDT, ARLENE
14240 NORTH 42ND STREET #1103C
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

HOLMES, ELAINE
14502 N. DALE MABRY
SUITE 200
TAMPA, FL 33618 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: ELAINE HOLMES

04/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ENGELHARDT, ARLENE
Address: 14240 N. 42ND STREET, #1103C
City-St-Zip: TAMPA, FL 33613

Title: TD () Delete
Name: O'CARROLL, EDMUND
Address: 5108 NORTH SEMINOLE AVENUE
City-St-Zip: TAMPA, FL 33603

Title: 2VPD () Delete
Name: TOKLEY, JAMES JR
Address: 2118 WEST CARMEN STREET
City-St-Zip: TAMPA, FL 33606

Title: 1VPD () Delete
Name: ADAMS, EDDIE JR
Address: 9504 WOODLAND RIDGE DRIVE
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: SUSAN, FOX
Address: 302 COLUMBIA DR
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: HOLMES, ELAINE
Address: 12410 OAKLEAF DRIVE
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOLMES, ELAINE
Address: 14502 N DALE MABRY SUITE 200
City-St-Zip: TAMPA, FL 33618

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

Title: 2VPD (X) Change () Addition
Name: ROGERS, ARA
Address: 4847 FOXSHIRE CIR
City-St-Zip: TAMPA, FL 33624

Title: 1VPD (X) Change () Addition
Name: PUTNEY, LOU
Address: 4805 S. HIMES
City-St-Zip: TAMPA, FL 33611

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

Title: SD (X) Change () Addition
Name: HATLEY, PAMELA JO
Address: 9708 CYPRESS SHADOW AVE
City-St-Zip: TAMPA, FL 33647

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: ELAINE HOLMES

PD

04/01/2005

Electronic Signature of Signing Officer or Director

Date