

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733754

FILED
Apr 13, 2009
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:

RUARK, ED
2815 AQUILLA ST
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

MORRIS, JULIA
5809 OXFORD DR
TAMPA, FL 33615 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: JULIA MORRIS

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUARK, ED
Address: 2815 AQUILLA ST
City-St-Zip: TAMPA, FL 33629

Title: T () Delete
Name: GLASER, BOB
Address: 2313 BRISTOL AVE
City-St-Zip: TAMPA, FL 33609

Title: 1VP () Delete
Name: MORRIS, JULIA
Address: 5809 OXFORD DRIVE
City-St-Zip: TAMPA, FL 33615

Title: 2VP () Delete
Name: SHALINSKY, BARRY
Address: 1001 WEST CORAL ST
City-St-Zip: TAMPA, FL 33602

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

Title: S () Delete
Name: SOPTEI, ROBERT
Address: 1511 LAKEHURST WAY
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORRIS, JULIA
Address: 5809 OXFORD DR
City-St-Zip: TAMPA, FL 33615

Title: T (X) Change () Addition
Name: CARROLL, PAUL
Address: 9 DESOTO PLACE
City-St-Zip: BELLAIR, FL 33756

Title: 1VP (X) Change () Addition
Name: GLASER, BOB
Address: 2313 BRISTOL AVE
City-St-Zip: TAMPA, FL 33609

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 exemption stated 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 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: JULIA MORRIS

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date