

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733754

FILED  
Feb 17, 2011  
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 (X)

**Name and Address of Current Registered Agent:**

VALDES, LETICIA  
5809 OXFORD DR  
TAMPA, FL 33615 US

**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: P  
Name: VALDES, LETICIA  
Address: 408 SOUTH ARRAWANA AVE #C-4  
City-St-Zip: TAMPA, FL 33609

Title: T  
Name: BRAY, TODD  
Address: 12507 DEERBERRY LANE  
City-St-Zip: TAMPA, FL 33626

Title: D  
Name: HARRIS, JEFF  
Address: 1614 JACOB CT  
City-St-Zip: CLEARWATER, FL 33756

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

Title: 1VP  
Name: PUTNEY, LOUIS  
Address: 2613 WATROUS AVE  
City-St-Zip: TAMPA, FL 33629

Title: S  
Name: ASSAID, VIOLET  
Address: 5401 5TH AVE.  
City-St-Zip: ST. PETERSBURG, FL 33701

I hereby 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 all other like empowered.

SIGNATURE: LETICIA VALDES

P

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date