2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 763534

1. Entity Name
TAMPA BAY CRANIOFACIAL CENTER FOUNDATION, INC.

Principal Place of Business	Mailing Address
6358 MAC LAURIN DR. TAMPA, FL 33647-8164	6358 MAC LAURIN DR. TAMPA, FL 33647-8164

02042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2637282
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HABAL, MUTAZ B.
6358 MACLAURIN DRIVE
TAMPA, FL 33647

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HABAL, MUTAZ, B.
STREET ADDRESS	6358 MAC LAURIN DR.
CITY-ST-ZIP	TAMPA, FL
TITLE	SMD
NAME	MICHAEL ABOLONEY
STREET ADDRESS	6358 MACLAURIN DRIVE
CITY-ST-ZIP	TAMPA, FL
TITLE	VTD
NAME	SCHEUERLE, JANE
STREET ADDRESS	6358 MACLAURIN DRIVE
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/03/05-80032-007 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mutaz Habal March 1, 2005 (813) 238-0409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #