

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # 763534

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



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

Mailing Address
**6358 MAC LAURIN DR.
TAMPA, FL 33647-8164**



02212006 No Chg-NP CR2E037 (11/05)

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 19, 2006 (813) 238-0400
Date Daytime Phone #