2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008
Secretary of State

DOCUMENT# N06000001043

Entity Name: THE PBSJ FOUNDATION, INC.

Current Principal Place of Business:

5300 W CYPRESS STREET SUITE 200
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

5300 W CYPRESS STREET SUITE 200
TAMPA, FL 33607

New Mailing Address:

FEI Number: 20-4235058 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHAFFER, BECKY S
5300 W CYPRESS STREET SUITE 200
TAMPA, FL 33607 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:	D	( ) Delete
Name:	KENNER, TODD J	
Address:	5300 W. CYPRESS ST., SUITE 200	
City-St-Zip:	TAMPA, FL 33607	
Title:	D	( ) Delete
Name:	ANTHONY, CLARENCE	
Address:	3230 COMMERCE PLACE SUITE A	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	DC	( ) Delete
Name:	ZUMWALT, JOHN B III	
Address:	5300 W CYPRESS STREET SUITE 200	
City-St-Zip:	TAMPA, FL 33607	
Title:	D	( ) Delete
Name:	BUCKLEY, JOHN D	
Address:	3638 SW 57TH AVE	
City-St-Zip:	MIAMI, FL 33155	
Title:	D	( ) Delete
Name:	GREEN, CECILIA	
Address:	6504 BRIDGE POINT PARKWAY SUITE 200	
City-St-Zip:	AUSTIN, TX 78730	
Title:	S	( ) Delete
Name:	SCHAFFER, BECKY S	
Address:	5300 W. CYPRESS ST., STE 200	
City-St-Zip:	TAMPA, FL 33607	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CLARENCE E. ANTHONY D 02/11/2008

Electronic Signature of Signing Officer or Director — Date