

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 29, 2008  
Secretary of State

DOCUMENT# N07000010966

Entity Name: TBS ENDOWMENT FUND, INC.

**Current Principal Place of Business:**

1050 SOUTH TUTTLE AVE  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

1050 SOUTH TUTTLE AVE  
SARASOTA, FL 34237

**New Mailing Address:**

FEI Number: 26-1421638

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DOERR, KENNETH D  
240 SOUTH PINEAPPLE AVE, 10TH FLOOR  
SARASOTA, FL 34236 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: CEOD ( ) Delete  
Name: OLTCHICK, MERRILL  
Address: 5517 HAMPSTEAD HEATH  
City-St-Zip: SARASOTA, FL 34235

Title: VD ( ) Delete  
Name: FREUND, WILLIAM  
Address: 6020 MIDNIGHT PASS ROAD  
City-St-Zip: SARASOTA, FL 34242

Title: VD ( ) Delete  
Name: BRONSTEIN, JUDITH  
Address: 1255 N GULFSTREAM AVE #902  
City-St-Zip: SARASOTA, FL 34236

Title: SD ( ) Delete  
Name: KARP, RICHARD  
Address: 8855 MIDNIGHT PASS ROAD  
City-St-Zip: SARASOTA, FL 34242

Title: TD ( ) Delete  
Name: KOFFMAN, DAVID  
Address: 4500 CARMICHAEL AVE  
City-St-Zip: SARASOTA, FL 34234

**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:

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: RICHARD KARP

SD

04/29/2008

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

\_\_\_\_\_  
Date