## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12196

FILED Apr 12, 2006 Secretary of State

Entity Name: THE GILBERT O. BASCHAB FOUNDATION, INC.

Current Princip	oal Place of Business:	New Princi	pal Place of Business:

100 S. ASHLEY DRIVE 401 E. JACKSON STREET **SUITE 1500 SUITE 1700** 

TAMPA, FL 33602 TAMPA, FL 33602

**Current Mailing Address:** New Mailing Address:

100 S. ASHLEY DRIVE 401 E. JACKSON STREET

**SUITE 1700 SUITE 1500** TAMPA, FL 33602 TAMPA, FL 33602

FEI Number: 59-2635125 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

KALISH, WILLIAM AMERICAN INFORMATION SERVICES, INC. 401 E. JACKSON STREET

100 S. ÁSHLEY DRIVE SUITE 1700 **SUITE 1500** 

TAMPA, FL 33602 US TAMPA, FL 33602 US

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: DAVID M. ABEL, ASSISTANT SECRETARY 04/12/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

KRAUSS, GERALD C Name: Name: 8668 PARK BOULEVARD Address: Address:

City-St-Zip: SEMINOLE, FL City-St-Zip:

Title: DVS ( ) Delete Title: (X) Change ( ) Addition KALISH, WILLIAM Name: KALISH, WILLIAM

Name: Address: 100 S. ASHLEY DRIVE, SUITE 1500 Address: 401 E. JACKSON STREET, SUITE 1700

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602

Title: () Delete Title: () Change () Addition

KRAUSS, KEVIN G Name: Name: 8668 PARK BOULEVARD Address: Address: City-St-Zip: SEMINOLE, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM KALISH DVS 04/12/2006