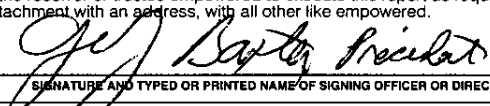


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90035 025 ****70.00

DOCUMENT # N35448 1. Entity Name COMMUNITY FOUNDATION OF TAMPA BAY, INC.					
Principal Place of Business 4950 W. KENNEDY BLVD SUITE 250 TAMPA, FL 33609-1837 US			Mailing Address 4950 W. KENNEDY BLVD SUITE 250 TAMPA, FL 33609-1837 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03172004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3001853	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BAXTER, GEORGE J 4950 W. KENNEDY BLVD SUITE 250 TAMPA, FL 33609				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DVC	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RIEF, FRANK		NAME		
STREET ADDRESS	4950 W. KENNEDY BLVD., SUITE 250		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BAXTER, GEORGE J		NAME		
STREET ADDRESS	4950 W KENNEDY BLVD SUITE #250		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE	DC	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GARCIA, JOSEPH		NAME		
STREET ADDRESS	4950 W KENNEY BLVD SUITE #250		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE	DS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SINK, ALEX		NAME		
STREET ADDRESS	4950 W KENNEDY BLVD SUITE #250		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE	DT	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	MURRAY, RAYMOND E		NAME		
STREET ADDRESS	4950 W. KENNEDY BLVD., SUITE 250		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			3/17/04 813-282-1975		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		