2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State
03-11-2005 90303 045 ****70.00

DOCUMENT # N35448

1. Entity Name
COMMUNITY FOUNDATION OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
4950 W. KENNEDY BLVD SUITE 250 TAMPA, FL 33609-1837 US	4950 W. KENNEDY BLVD SUITE 250 TAMPA, FL 33609-1837 US

02022005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3001853 ☐ Applied For ☐ Not Applicable

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 David J. Fischer Street Address (P.O. Box Number is Not Acceptable) 4950 W. Kennedy Blvd. Unit 250 City Tampa **FL** Zip Code 33609

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, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC RIEF, FRANK 4950 W. KENNEDY BLVD., SUITE 250 TAMPA, FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC Rief, Frank 4950 W. Kennedy Blvd. Unit 250 Tampa, FL 33609	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BAXTER, GEORGE J 4950 W KENNEDY BLVD SUITE #250 TAMPA, FL 33609	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP David J. Fischer 4950 W. Kennedy Blvd. Unit 250 Tampa, FL 33609	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC GARCIA, JOSEPH 4950 W KENNEY BLVD SUITE #250 TAMPA, FL 33609	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Martin B. Solomon 4950 W. Kennedy Blvd. Unit 250 Tampa, FL 33609	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SINK, ALEX 4950 W KENNEDY BLVD SUITE #250 TAMPA, FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC Sink, Alex 4950 W. Kennedy Blvd. Unit 250 Tampa, FL 33609	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #