

FILE NOW: FILING FEE IS \$61.25

FILED

**May 15 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004784 (2)
1. Corporation Name

JOHN H. SYKES CHARITABLE FOUNDATION, INC.



Principal Place of Business: **901 S. NEWPORT AVENUE TAMPA FL 33606**
Mailing Address: **901 S. NEWPORT AVENUE TAMPA FL 33606-2936**

3. Date Incorporated or Qualified: **09/16/1996**
3a. Date of Last Report: **N/A**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

4. FEI Number: **65-6218520**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ROBBINS, R. JAMES JR
101 E. KENNEDY BOULEVARD
SUITE 3700
TAMPA FL 33602**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	C, D, P, T	<input type="checkbox"/> DELETE
NAME	Susan W. Sykes	
STREET ADDRESS	901 S. Newport Avenue	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	S, D	<input type="checkbox"/> DELETE
NAME	Kay S. Saville	
STREET ADDRESS	851 S. Boulevard	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Barbara N. Wilcox	
STREET ADDRESS	13533 Bay Lake Lane	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Karen S. Taylor	
STREET ADDRESS	12549 Butler Bay Court	
CITY-ST-ZIP	Windermere, FL 34786	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **2-28-97** 813 320 8200

CR2E037 (9/96)