

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 801 S. NEWPORT AVENUE TAMPA FL 33606	Mailing Address 801 S. NEWPORT AVENUE TAMPA FL 33606
---	---

3. Date Incorporated or Qualified 09/16/1996
4. FEI Number 65-6218520
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 2331
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State Tampa, FL
23	28
Zip	Country
24	25
Zip	Country U.S.A.
29 33601-2331	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	FL
85 Zip Code	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDPT <input type="checkbox"/> DELETE	1.1 TITLE	CDPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKYES, SUSAN W	1.2 NAME	SKYES, SUSAN W.
STREET ADDRESS	801 S. NEWPORT AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAVILLE, KAY S	2.2 NAME	WARREN, SAMANTHA B.
STREET ADDRESS	851 S. BLVD.	2.3 STREET ADDRESS	2927 W. HAWTHORNE AVENUE
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	WILCOX, BARBARA N	3.2 NAME	
STREET ADDRESS	13533 BAY LAKE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	TAYLOR, KAREN S	4.2 NAME	
STREET ADDRESS	12549 BUTLER BAY COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Susan W. Sykes* **SUSAN W. SYKES** 8/17/98 813-259-1543

CR2E037 (10/97)