


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90002 031 \*\*\*\*61.25

**DOCUMENT # N96000004784**

1. Entity Name  
**JOHN H. SYKES FOUNDATION, INC.**



Principal Place of Business  
**901 S. NEWPORT AVENUE  
 TAMPA, FL 33606**

Mailing Address  
**P O BOX 2044  
 TAMPA, FL 33601-2044 US**

**54070620**



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

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

07292004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-6218520**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MURPHY, BARBARA A  
 10503 SAGO RD  
 SUITE 3900  
 TAMPA, FL 33602**

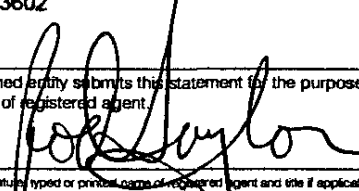
7. Name and Address of New Registered Agent

Name **Rod Taylor, Attorney at Law**

Street Address (P.O. Box Number is Not Acceptable)  
**37 N. Orange Avenue, Suite 210**

City **Orlando** FL Zip Code **32801**

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  **Rod Taylor, Attorney at Law** August 26, 2004  
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 **September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

Make check payable to **Florida Department of State**

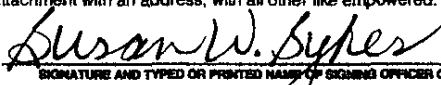
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP SYKES, SUSAN W 901 S. NEWPORT AVE. TAMPA, FL 33606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WARREN, SAMANTHA B 2927 W HAWTHORNE AVE TAMPA, FL 33629 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILCOX, BARBARA N 13533 BAY LAKE LANE TAMPA, FL 33618 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, KAREN S 12549 BUTLER BAY COURT WINDERMERE, FL 34786 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MURPHY, BARBARA A 10503 SAGO RD TAMPA, FL 33618 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROKER, KATHY S 6252 BLAKEFORD DRIVE WINDERMERE, FL 34786 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDPTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Susan W. Sykes** 8-25-04 813-259-1543  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #