


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000004784</b>	
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
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04142005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-6218520	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ROD TAYLOR, ATTORNEY AT LAW  
37 N ORANGE AVENUE  
STE 210  
ORLANDO, FL 32801

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDPT SYKES, SUSAN W 901 S. NEWPORT AVE. TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, KAREN S 12549 BUTLER BAY COURT WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROKER, KATHY S 6252 BLAKEFORD DRIVE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000315503  
04/19/05-80037-015 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Susan W. Sykes 4/15/05 813-259-1543

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