2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# NOCOOOO4794

		SYKES FOUNDATION, INC.		Secretary of State	
	WPORT AVEN	of Business:	New Principal Place	of Business:	
Current M	ailing Addres	s:	New Mailing Address	New Mailing Address:	
P O BOX 2 TAMPA, FL	044 _ 336012044	US			
FEI Number:	65-6218520	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
ROD TAYLOR, ATTORNEY AT LAW 37 N ORANGE AVENUE STE 210 ORLANDO, FL 32801 US			ROD TAYLOR, ATTORNEY AT LAW 12549 BUTLER BAY COURT WINDERMERE, FL 34786 US		
The above in the State		submits this statement for the pu	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:			04/01/2006	
	Electror	ic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CDPT () SYKES, SUSAN 901 S. NEWPO TAMPA, FL 33	RT AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () TAYLOR, KARE 12549 BUTLER WINDERMERE	BAY COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () STROKER, KA ⁻ 6252 BLAKEFO WINDERMERE	PRD DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SUSAN W. SYKES CDPT 04/01/2006