


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000002705
 1. Entity Name
THE SALEM FOUNDATION, INC.



Principal Place of Business Mailing Address
SALEM BUILDING, SUITE 100 **SALEM BUILDING, SUITE 100**
4600 KENNEDY BOULEVARD **4600 KENNEDY BOULEVARD**
TAMPA, FL 33609 **TAMPA, FL 33609**

DO NOT WRITE IN THIS SPACE



02112004 No Chg-NP CR2E037 (10/03)

4. FEI Number **59-3445283** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SALEM, ALBERT M JR.
SALEM BUILDING, SUITE 100
4600 KENNEDY BOULEVARD
TAMPA, FL 33609

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 _____
Signature: typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when re-filing) DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

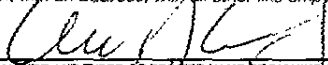
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SALEM, ALBERT M JR.
STREET ADDRESS	POST OFFICE BOX 18607 N/A
CITY-ST-ZIP	TAMPA, FL 33679
TITLE	D
NAME	SALEM, TEDDY H
STREET ADDRESS	POST OFFICE BOX 18607 N/A
CITY-ST-ZIP	TAMPA, FL 33679
TITLE	D
NAME	SALEM, ALBERT M III
STREET ADDRESS	POST OFFICE BOX 18607 N/A
CITY-ST-ZIP	TAMPA, FL 33679
TITLE	D
NAME	SALEM, NANCY E
STREET ADDRESS	POST OFFICE BOX 18607 N/A
CITY-ST-ZIP	TAMPA, FL 33679
TITLE	D
NAME	SALEM, MARY G
STREET ADDRESS	POST OFFICE BOX 18607 N/A
CITY-ST-ZIP	TAMPA, FL 33679
TITLE	D
NAME	HAMPTON, ANNE S
STREET ADDRESS	POST OFFICE BOX 18607 N/A
CITY-ST-ZIP	TAMPA, FL 33679

000000121059
 04/20/04-80034-019 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)(b), 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:  **Albert M. Salem, Jr.** 4/15/04 813-286-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #