

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002705

FILED
Apr 21, 2011
Secretary of State

Entity Name: THE SALEM FOUNDATION, INC.

Current Principal Place of Business:

4600 W. KENNEDY BLVD., STE. 100
THE SALEM BUILDING
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4600 W. KENNEDY BLVD., STE. 100
P.O. BOX 18607
TAMPA, FL 33679

New Mailing Address:

P.O. BOX 18607
TAMPA, FL 33679

FEI Number: 59-3445283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALEM, ALBERT M JR.
SALEM BUILDING, SUITE 100
4600 KENNEDY BOULEVARD
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: SALEM, ALBERT M JR.
Address: POST OFFICE BOX 18607
City-St-Zip: TAMPA, FL 33679

Title: D
Name: SALEM, TEDDY H
Address: POST OFFICE BOX 18607
City-St-Zip: TAMPA, FL 33679

Title: D
Name: SALEM, ALBERT M III
Address: POST OFFICE BOX 18607
City-St-Zip: TAMPA, FL 33679

Title: D
Name: SALEM, NANCY E
Address: POST OFFICE BOX 18607
City-St-Zip: TAMPA, FL 33679

Title: D
Name: ROBERTS, MARY S
Address: POST OFFICE BOX 18607
City-St-Zip: TAMPA, FL 33679

Title: D
Name: HAMPTON, ANNE S
Address: POST OFFICE BOX 18607
City-St-Zip: TAMPA, FL 33679

I hereby 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 all other like empowered.

SIGNATURE: ANNE HAMPTON

D

04/21/2011

Electronic Signature of Signing Officer or Director

_____ Date