

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002705

FILED  
Apr 12, 2012  
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:**

P.O. BOX 18607  
TAMPA, FL 33679

**New Mailing Address:**

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

04/12/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date