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 4600 KENNEDY BOULEVARD TAMPA, FL 33609	SALEM BUILDING, SUITE 100 4600 KENNEDY BOULEVARD TAMPA, FL 33609

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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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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04/20/04-80034-019 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #