

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000002705

1. Entity Name
THE SALEM FOUNDATION, INC.



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

Mailing Address
**SALEM BUILDING, SUITE 100
4600 KENNEDY BOULEVARD
TAMPA, FL 33609**



01252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. 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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04/23/05-80052-023 61.25

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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)(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05 8132863000
Date Daytime Phone #