2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008
Secretary of State

DOCUMENT# 707994

Entity Name: C.E. MENDEZ FOUNDATION, INC.

Current Principal Place of Business:

601 S. MAGNOLIA AVE.
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

601 S MAGNOLIA AVE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-1086491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENDEZ, CHARLES E JR
601 S. MAGNOLIA AVE.
TAMPA, FL 33606 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:	CP	( ) Delete
Name:	MENDEZ JR, CHARLES E,	
Address:	2 WEST WESLEY #8	
City-St-Zip:	ATLANTA, GA	
Title:	D	( ) Delete
Name:	MENDEZ, DIANA G.,	
Address:	2142 BELLE CHEER DR	
City-St-Zip:	CLEARWATER, FL 33764	
Title:	V	( ) Delete
Name:	YVONNE, MENDEZ	
Address:	2 W WESLEY #8	
City-St-Zip:	ATLANATA, GA	
Title:	D	( ) Delete
Name:	MENDEZ, JANET Y	
Address:	2607 PARKLAND BLVD	
City-St-Zip:	TAMPA, FL 33609	
Title:	V	( ) Delete
Name:	MENDEZ, LAWRENCE D,	
Address:	2607 PARKLAND BLVD	
City-St-Zip:	TAMPA, FL 33609	
Title:	D	( ) Delete
Name:	ANNIS, MICHAEL D.,	
Address:	100 NORTH TAMP ST	
City-St-Zip:	TAMPA, FL 33602	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLES E. MENDEZ, III VP 03/27/2008

Electronic Signature of Signing Officer or Director — Date