

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 708315

1. Entity Name
THE SUMTER L. LOWRY FOUNDATION, INC.



Principal Place of Business
3208 W. CHAPIN AVE.
TAMPA, FL 33611 US

Mailing Address
PO BOX 18065
TAMPA, FL 33679-8065 US

FILED
Feb 14, 2004 08:00 AM
Secretary of State



01292004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-6159389

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROWN, ANDREW M
400 NORTH TAMPA STREET
SUITE 2300
TAMPA, FL 33602

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	P
NAME	MURPHEY, ANN LOWRY
STREET ADDRESS	3208 CHAPIN AVE.
CITY-ST-ZIP	TAMPA, FL 33611

TITLE	VP
NAME	MURPHEY, DAVID R. III
STREET ADDRESS	3208 CHAPIN AVE.
CITY-ST-ZIP	TAMPA, FL 33611

TITLE	ST
NAME	SNYDER, CAROLINE M
STREET ADDRESS	3308 SIERRA CIRCLE
CITY-ST-ZIP	TAMPA, FL

TITLE	VP
NAME	SMITH, BERT
STREET ADDRESS	140 PLOTT MOUNTAIN RD
CITY-ST-ZIP	WAYNESVILLE, NC

TITLE	D
NAME	BROWN, HELEN M
STREET ADDRESS	3202 FAIR OAKS AVENUE
CITY-ST-ZIP	TAMPA, FL

TITLE	D
NAME	HARRIS, LEE ANN
STREET ADDRESS	3833 BROOK HOLLOW LANE
CITY-ST-ZIP	BIRMINGHAM, AL 35243

U00000051404
02/16/04-80050-010 61.25

**DO NOT WRITE
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:

Carole M. Snider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/04 813 831 8012