

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

FILED

**Feb 02, 2005 08:00 AM
Secretary of State**

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

DO NOT WRITE IN THIS SPACE



01312005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-6159389

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHEY, ANN LOWRY 3208 CHAPIN AVE. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURPHEY, DAVID R. III 3208 CHAPIN AVE. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SNYDER, CAROLINE M 3308 SIERRA CIRCLE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, BERT 140 PLOTT MOUNTAIN RD WAYNESVILLE, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, HELEN M 3202 FAIR OAKS AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, LEE ANN 3833 BROOK HOLLOW LANE BIRMINGHAM, AL 35243

000000211532
02/02/05-80125-003 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

Date

Daytime Phone #