

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708315

FILED
Apr 28, 2006
Secretary of State

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

Current Principal Place of Business:

3208 W. CHAPIN AVE.
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 18065
TAMPA, FL 336798065 US

New Mailing Address:

FEI Number: 59-6159389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, ANDREW M
400 NORTH TAMPA STREET
SUITE 2300
TAMPA, FL 33602 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: P () Delete
Name: MURPHEY, ANN LOWRY,
Address: 3208 CHAPIN AVE.
City-St-Zip: TAMPA, FL 33611

Title: VP () Delete
Name: MURPHEY, DAVID R. II, I
Address: 3208 CHAPIN AVE.
City-St-Zip: TAMPA, FL 33611

Title: ST () Delete
Name: SNYDER, CAROLINE M
Address: 3308 SIERRA CIRCLE
City-St-Zip: TAMPA, FL

Title: VP () Delete
Name: SMITH, BERT,
Address: 140 PLOTT MOUNTAIN RD
City-St-Zip: WAYNESVILLE, NC

Title: D () Delete
Name: BROWN, HELEN M
Address: 3202 FAIR OAKS AVENUE
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: HARRIS, LEE ANN
Address: 3833 BROOK HOLLOW LANE
City-St-Zip: BIRMINGHAM, AL 35243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWN, HELEN M
Address: 3202 FAIR OAKS AVENUE
City-St-Zip: TAMPA, FL 33611

Title: D (X) Change () Addition
Name: MURPHEY, DAVID R. II, I
Address: 3208 CHAPIN AVE.
City-St-Zip: TAMPA, FL 33611

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

Title: D (X) Change () Addition
Name: SMITH, BERT,
Address: 140 PLOTT MOUNTAIN RD
City-St-Zip: WAYNESVILLE, NC

Title: D (X) Change () Addition
Name: HOLTSINGER, MATTHEW M
Address: 3308 SIERRA CIRCLE
City-St-Zip: TAMPA, FL 33629

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLINE M SNYDER

ST

04/28/2006

Electronic Signature of Signing Officer or Director

Date