

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 716070

1. Entity Name
F.E. LYKES FOUNDATION, INC.



Principal Place of Business
442 W. KENNEDY BLVD
STE 300
TAMPA, FL 33606 US

Mailing Address
442 W. KENNEDY BLVD
STE 300
TAMPA, FL 33606 US



01192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7294195

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOWE, CONNIE
442 W. KENNEDY BLVD
STE 300
TAMPA, FL 33606

**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, 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
D
BURR, NORMA GENE
442 W. KENNEDY BLVD. SUITE 300
TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BURR, CHARLES G
442 W. KENNEDY BLVD. SUITE 300
TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
WATERS, ELIZABETH A
442 W. KENNEDY BLVD., STE 300
TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000266473
03/17/05-80032-003 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)(f), 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:

Charles Burr Chas. Burr

3-8-05 813.253.2010

Date

Daytime Phone #