

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 716070

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 18 PM 2:49

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

06282005 Chg-NP CR2E037 (10/03)

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

100057801341
07/22/05--01082--005 **\$61.25

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BURR, NORMA GENE	
STREET ADDRESS	442 W. KENNEDY BLVD. SUITE 300	
CITY-ST-ZIP	TAMPA, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURR, CHARLES G	
STREET ADDRESS	442 W. KENNEDY BLVD. SUITE 300	
CITY-ST-ZIP	TAMPA, FL	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	WATERS, ELIZABETH A	
STREET ADDRESS	442 W. KENNEDY BLVD., STE 300	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURR, NORMA GENE	
STREET ADDRESS	442 W. Kennedy Blvd., Suite 300	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILKES, GAIL	
STREET ADDRESS	442 W. KENNEDY BLVD., SUITE 300	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOWE, CONNIE	
STREET ADDRESS	442 W. KENNEDY BLVD., SUITE 300	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHITTENDEN, JAMES MATTHEW	
STREET ADDRESS	442 W. Kennedy Blvd., Suite 300	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHITTENDEN, TYSON LYKES	
STREET ADDRESS	442 W. Kennedy Blvd., Suite 300	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHITTENDEN, HAROLD EDWARD IV	
STREET ADDRESS	442 W. Kennedy Blvd., Suite 300	
CITY-ST-ZIP	Tampa, FL 33606	

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Connie Lowe
CONNIE LOWE

7/14/05

813-253-2010