

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 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**



01102007 No Chg-NP CR2E037 (4/06)

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	LYKES, NORMA GENE
STREET ADDRESS	442 W. KENNEDY BLVD. SUITE 300
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	DVP
NAME	WILKES, GAIL
STREET ADDRESS	442 WEST KENNEDY BLVD, STE 300
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	DST
NAME	LOWE, CONNIE
STREET ADDRESS	442 W. KENNEDY BLVD
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	CHITTENDEN, JAMES MATTHEW
STREET ADDRESS	442 W. KENNEDY BLVD
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	CHITTENDEN, TYSON LYKES
STREET ADDRESS	442 W. KENNEDY BLVD
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	CHITTENDEN, HAROLD EDWARD IV
STREET ADDRESS	442 W. KENNEDY BLVD
CITY-ST-ZIP	TAMPA, FL 33606

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01/12/07-80056-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

**Connie Lowe DST**

**1/10/07**

Date

**813-253-2010**

Daytime Phone #