## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 21, 2008 08:00 All Secretary of State **DOCUMENT #719114** METAL INDUSTRIES FOUNDATION, INC. Mailing Address Principal Place of Business 861 N HERCULES AVE POB 4490 CLEARWATER, FL 33065 CLEARWATER, FL\* 33758 04172008 No Chg-NP CR2E037 (4/06) 4. FEI Number Applied For 23-7098483 Not Applicable 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WALKER GUTHRIE, SARAH DO NOT WRITE 1006 BAY AVE CLEARWATER, FL 34616 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) <del>U00000307839</del> 05/06/08-80004-012 61.25 9. Election Campaign Financing \$5.00 May Be Filing Fee Is \$61.25 Due by May 1, 2008 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10 TITLE NAME DESOTO, PETE STREET ADDRESS 1310 GULF BLVD CITY-ST-ZIP SAND KEY, FL 34630 TITLE POPPLETON, JAY K. NAME STREET ADDRESS 700 ORANGE ST CITY-ST-ZIP PALM HARBOR, FL 34683 TITLE NAME GUTHRIE, SARAH WALKER STREET ADDRESS 1006 BAY AVENUE DO NOT WRITE CITY-ST-ZIP CLEARWATER, FL 34616 IN THIS SPACE HILF NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

G OFFICER OR DIRECTOR

FILED