

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90021 040 ****61.25

DOCUMENT # 720378

1. Entity Name
CONN MEMORIAL FOUNDATION, INC.



Principal Place of Business
2910 W BAY TO BAY BLVD
SUITE 200
TAMPA, FL 33629-8113 US

Mailing Address
2910 W BAY TO BAY BLVD
SUITE 200
TAMPA, FL 33629-8113 US

50057065



06302005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0978713	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CROWDER, SHEFFIELD
~~6401 W KENNEDY BLVD~~ 2910 W. Bay to Bay
~~STE 930~~ Suite #200
~~TAMPA, FL 33609~~ Tampa, FL 33629

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CROWDER, SHEFFIELD L
STREET ADDRESS	4300 W ALBANY ST 1208 S. Albany St.
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	ALTNEBERND, CHRIS W
STREET ADDRESS	801 TWIGGS STREET, STE. 600
CITY-ST-ZIP	TAMPA, FL
TITLE	SD
NAME	BATES, JAN
STREET ADDRESS	6313 E 113TH AVE
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	D
NAME	BRUETZMACHER, MARK Rose Anne Bowers
STREET ADDRESS	3344 ELIZABETH CT 6205 Quiet Waters
CITY-ST-ZIP	TAMPA, FL 33629 Temple Terrace, FL 33617
TITLE	D
NAME	REDDY, FRED
STREET ADDRESS	4927 B RIVERSHORE DR
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	D
NAME	GOLLIER, KEN Bo Perry
STREET ADDRESS	PO BOX 10000 102 Whiting St #602
CITY-ST-ZIP	TAMPA, FL 33609 Tampa, FL 33602

**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)(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: Shoff C
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/05 813-282-4922
Date Daytime Phone #