

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90411 035 ****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**



2. Principal Place of Business

3. Mailing Address

04062006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-0978713

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROWDER, SHEFFIELD
2910 W BAY TO BAY
SUITE 200
TAMPA, FL 33629**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

4/6/06
SC

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 **P** ☐ Delete
NAME **CROWDER, SHEFFIELD L**
STREET ADDRESS **1208 S ALBANY ST**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE **D** ☐ Delete
NAME **ALTNEBERND, CHRIS W**
STREET ADDRESS **801 TWIGGS STREET, STE. 600**
CITY-ST-ZIP **TAMPA, FL**

TITLE **SD** ☐ Delete
NAME **BATES, JAN**
STREET ADDRESS **6313 E 113TH AVE**
CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

TITLE **D** ☐ Delete
NAME **BOWERS, ROSE ANN**
STREET ADDRESS **6205 QUIET WATERS**
CITY-ST-ZIP **TAMPPLE TERRACE, FL 33617**

TITLE **D** ☒ Delete
NAME **REDDY, FRED**
STREET ADDRESS **4927 B RIVERSHORE DR**
CITY-ST-ZIP **TAMPA, FL 33603**

TITLE **D** ☐ Delete
NAME **PERRY, BO**
STREET ADDRESS **102 WHITING ST, # 602**
CITY-ST-ZIP **TAMPA, FL 33602**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition
NAME **Altenbernd, Chris W.**
STREET ADDRESS **1700 N. Tampa Street, Suite #300**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE **C** ☒ Change ☐ Addition
NAME **Bates, Jan**
STREET ADDRESS **6313 E. 113th Avenue**
CITY-ST-ZIP **Temple Terrace, FL 33617**

TITLE **VC** ☒ Change ☐ Addition
NAME **Bowers, Rose Ann**
STREET ADDRESS **6205 Quiet Waters**
CITY-ST-ZIP **Temple Terrace, FL 33617**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Change ☐ Addition
NAME **Perry, Bo**
STREET ADDRESS **102 Whiting Street, Suite #602**
CITY-ST-ZIP **Tampa, FL 33602**

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: *Sheff Crowder*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06

813-282-4922

Date

Daytime Phone #

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ATTACHMENT

40059640

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SUITE 200
TAMPA, FL 33629-8113 US

Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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Due by May 1, 2006**

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Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | CROWDER, SHEFFIELD L | |
| STREET ADDRESS | 1208 S ALBANY ST | |
| CITY-ST-ZIP | TAMPA, FL 33606 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ALTNEBERND, CHRIS W | |
| STREET ADDRESS | 801 TWIGGS STREET, STE. 600 | |
| CITY-ST-ZIP | TAMPA, FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | BATES, JAN | |
| STREET ADDRESS | 6313 E 113TH AVE | |
| CITY-ST-ZIP | TEMPLE TERRACE, FL 33617 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOWERS, ROSE ANN | |
| STREET ADDRESS | 6205 QUIET WATERS | |
| CITY-ST-ZIP | TAMPPLE TERRACE, FL 33617 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | REDDY, FRED | |
| STREET ADDRESS | 4927 B RIVERSHORE DR | |
| CITY-ST-ZIP | TAMPA, FL 33603 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PERRY, BO | |
| STREET ADDRESS | 102 WHITING ST, # 602 | |
| CITY-ST-ZIP | TAMPA, FL 33602 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Hargrett, Jim | |
| STREET ADDRESS | 5501 W. Spruce Street, Suite C2 | |
| CITY-ST-ZIP | Tampa, FL 33607 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Pieper, Scott | |
| STREET ADDRESS | 4211 W. Boy Scout Blvd., Suite #190 | |
| CITY-ST-ZIP | Tampa, FL 33607 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Maner, Machel | |
| STREET ADDRESS | 100 S. Ashley Drive, Suite #1000 | |
| CITY-ST-ZIP | Tampa, FL 33602 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sheff

4/6/06

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813-282-4922