## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 24, 2006 8:00 am Secretary of State **DOCUMENT #720378** 04-24-2006 90411 035 \*\*\*\*61.25 CONN MEMORIAL FOUNDATION, INC. Principal Place of Business Mailing Address 2910 W BAY TO BAY BLVD 2910 W BAY TO BAY BLVD SUITE 200 SUITE 200 TAMPA, FL 33629-8113 US TAMPA, FL 33629-8113 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062006 Chq-NP CR2E037 (11/05) 4. FEI Number 59-0978713 City & State City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CROWDER, SHEFFIELD Street Address (P.O. Box Number is Not Acceptable) 2910 W BAY TO BAY 😺 SUITE 200 TAMPA, FL 33629. City 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 4/6/06 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 **\$5.00** May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE TITLE ☐ Change Addition CROWDER, SHEFFIELD L NAME NAME STREET ADDRESS 1208 S ALBANY ST STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 CITY-ST-ZIP ☐ Delete TITLE ■ Addition NAME ALTNEBERND, CHRIS W NAME Altenbernd, Chris W. 801 TWIGGS STREET, STE. 600 STREET ADDRESS STREET ADDRESS 1700 N. Tampa Street, Suite #300 CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL Tampa, FL 33602 ☐ Delete ☐ Addition TITLE TITI F BATES, JAN NAME NAME Bates, Jan STREET ADDRESS 6313 E 113TH AVE STREET ADDRESS 6313 E. 113th Avenue CITY-ST-ZIP TEMPLE TERRACE, FL 33617 CITY-ST-ZIP Temple Terrace, FL 33617 ☐ Addition TITLE ☐ Delete **BOWERS, ROSE ANN** NAME NAME Bowers, Rose Ann STREET ADDRESS **6205 QUIET WATERS** STREET ADDRESS 6205 Quiet Waters CITY-ST-ZIP CITY-ST-ZIP TAMPPLE TERRACE, FL 33617 Temple Terrace, FL 33617 TITLE Change ☐ Addition **Z** Delete TITLE REDDY, FRED NAME NAME 4927 B RIVERSHORE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA, FL 33603** ☐ Delete TITLE ☐ Addition TITI F Perry, Bo NAME PERRY, BO NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

102 WHITING ST, # 602

TAMPA, FL 33602

102 Whiting Street, Suite #602

Tampa, FL 33602

FILED

## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 720378  1. Entity Name CONN MEMORIAL FOUNDATION, INC.					ATTACHMENT 40059640					
2910 W BAY TO BAY BLVD 29 SUITE 200 SUI TAMPA, FL 33629-8113 US TAI		lailing Address 1910 W BAY TO BAY BLVD SUITE 200 FAMPA, FL 33629-8113 US		4	000	107	<i>-</i>			
		3. Mailing Address			Alcur.		nuntit)		essections.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Chg-NP	CR2E03	37 (11/05)			
City & State		City & State			4. FEI Number 59-09787	13		No	oplied For ot Applicable	
Zip	Country	Zìp	Country		5. Certificate of		<u>.</u>	\$8.75 Add Fee Require		
	6. Name and Address of Current Re	Ns	7. Name and Address of New Registered Agent— Name							
CROWDER, SHEFFIELD 2910 W BAY TO BAY SUITE 200				Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, F										
			City			FL Zip Code				
the obligat	named entity submits this statement for thions of registered agent.  Signature, typed or printed name of registered agent and			it signature required	·		DATE			
	Filing Fee is \$61.25 Due by May 1, 2006		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 DIREC		11.		ADDITIONS/CHAN	GES TO OFFI	CERS AND DI	RECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROWDER, SHEFFIELD L 1208 S ALBANY ST TAMPA, FL 33606	□ Delete	TITLE NAME STREET ADD CITY-ST-ZI	DRESS 550	rgrett, Jim 11 W. Spruce S mpa, FL 3360		te C2	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTNEBERND, CHRIS W 801 TWIGGS STREET, STE. 600 TAMPA, FL	☐ Delete	TITLE NAME STREET ADO CITY-ST-ZI	D Pie PRESS 421	per, Scott 1 W. Boy Scot mpa, FL 3360	ut Blvd., S	uite #190	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BATES, JAN 6313 E 113TH AVE TEMPLE TERRACE, FL 33617	☐ Delete	TITLE NAME STREET ADD CITY-ST-21	DRESS 10	aner, Machell 10 S. Ashley Di ampa, FL 336	rive, Suite	#1000	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWERS, ROSE ANN 6205 QUIET WATERS TAMPPLE TERRACE, FL 33617	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	DRESS	• ′			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDY, FRED 4927 B RIVERSHORE DR TAMPA, FL 33603	Delete	TITLE NAME STREET ADD CITY-ST-ZI					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, BO 102 WHITING ST, # 602 TAMPA, FL 33602 Perify that the information supplied with this	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	P	L'- Charles 110. Et			Change	Addition	

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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06

813-282-492

Daytime Phone #