

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720378

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: CONN MEMORIAL FOUNDATION, INC.

## Current Principal Place of Business:

3410 HENDERSON BLVD.  
STE. 200  
TAMPA, FL 33609 US

## New Principal Place of Business:

3410 HENDERSON BLVD  
SUITE 200  
TAMPA, FL 33609 US

## Current Mailing Address:

3410 HENDERSON BLVD.  
STE. 200  
TAMPA, FL 33609 US

## New Mailing Address:

3410 HENDERSON BLVD  
SUITE 200  
TAMPA, FL 33609 US

FEI Number: 59-0978713

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CROWDER, SHEFFIELD  
3410 HENDERSON BLVD.  
STE. 200  
TAMPA, FL 33609 US

## Name and Address of New Registered Agent:

CROWDER, SHEFFIELD  
3410 HENDERSON BLVD  
SUITE 200  
TAMPA, FL 33609 US

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.

SIGNATURE:

04/16/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CROWDER, SHEFFIELD L  
Address: 1208 S ALBANY ST  
City-St-Zip: TAMPA, FL 33606

Title: C ( ) Delete  
Name: ALTENBERND, CHRIS W  
Address: 1700 N TAMPA ST STE 300  
City-St-Zip: TAMPA, FL 33602

Title: T ( ) Delete  
Name: SCOTT, PIEPER  
Address: 4211 BOY SCOUT BLVD STE 190  
City-St-Zip: TAMPA, FL 33607

Title: S ( ) Delete  
Name: HARGETT, JIM JR  
Address: 5521 W. SPRUCE ST. #C2  
City-St-Zip: TAMPA, FL 33607

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: HARGETT, JIM JR  
Address: 5521 W. SPRUCE ST #C2  
City-St-Zip: TAMPA, FL 33607

Title: VC ( ) Change (X) Addition  
Name: DOYLE, BETH  
Address: 275 96TH AVENUE N #8  
City-St-Zip: ST PETERSBURG, FL 33702

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEFFIELD CROWDER

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date