

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 753764

1. Entity Name
THE CHI CHI RODRIGUEZ, YOUTH FOUNDATION, INC.



Principal Place of Business
**3030 N. MCMULLEN BOOTH ROAD
CLEARWATER, FL 33761 US**

Mailing Address
**3030 N. MCMULLEN BOOTH ROAD
CLEARWATER, FL 33761 US**



01242008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2017124	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

**STIFF, CARY
3030 MCMULLEN BOOTH ROAD
CLEARWATER, FL 33761**

**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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JAMES, THOMAS A 3030 MCMULLEN BOOTH ROAD CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O POULTER, JAMES 3030 MCMULLEN BOOTH ROAD CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP STIFF, CARY 3030 N. MCMULLEN BOOTH ROAD CLEARWATER, FL 33761
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01/31/08-80013-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J. S. James Poulter

1/23/08

727-726-4678