

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

DOCUMENT # 763534

1. Entity Name
TAMPA BAY CRANIOFACIAL CENTER FOUNDATION,
INC.



Principal Place of Business
6358 MAC LAURIN DR.
TAMPA, FL 33647-8164

Mailing Address
6358 MAC LAURIN DR.
TAMPA, FL 33647-8164

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07092008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-2637282

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HABAL, MUTAZ B.
6358 MACLAURIN DRIVE
TAMPA, FL 33647

**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 September 12, 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	PD HABAL, MUTAZ, B. 6358 MAC LAURIN DR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SMD MICHAEL ABOLONEY 6358 MACLAURIN DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD SCHEUERLE, JANE 6358 MACLAURIN DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/22/08-80011-010 70.00

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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 life empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 16, 2008

Date

(813) 238-0409

Daytime Phone #