
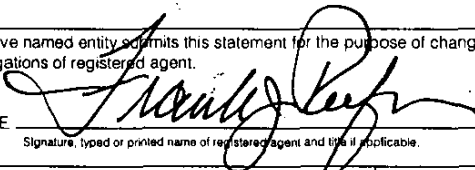


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90056 003 \*\*\*\*61.25

<b>DOCUMENT #767377</b> 1. Entity Name <b>FRANK E. DUCKWALL FOUNDATION, INC.</b>					
Principal Place of Business <b>442 W KENNEDY BLVD</b> <b>340</b> <b>TAMPA, FL 33606 US</b>			Mailing Address <b>PO BOX 3351</b> <b>TAMPA, FL 33601 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2914 PONDEROSA TRAIL</b>			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>WIMAUMA FL</b>			City & State Suite, Apt. #, etc.		
Zip <b>33598</b>		Country <b>US</b>		4. FEI Number <b>59-6773462</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RIEF, FRANK J., III</b> <b>RIEF &amp; STRASKE</b> <b>442 WEST KENNEDY BLVD., SUITE 340</b> <b>TAMPA, FL 33606</b>			7. Name and Address of New Registered Agent Name <b>FRANK J RIEF III</b> Street Address (P.O. Box Number is Not Acceptable) <b>401 E JACKSON ST.</b> <b>STE 1700</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33602</b>		
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 					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PS</b> <b>RIEF, FRANK J., III</b> <b>3318 JEAN CIRCLE</b> <b>TAMPA, FL</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPT</b> <b>MORRISON, G. LOWE</b> <b>PO BOX 49942</b> <b>SARASOTA, FL 34230</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: 			<b>3/7/08 (813) 209-5073</b> Date Daytime Phone #		