

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000001324

1. Entity Name  
THE THANKSGIVING FUND, INC.



Principal Place of Business	Mailing Address
1700 S MACDILL AVE STE 200 TAMPA, FL 33629	1700 S MACDILL AVE STE 200 TAMPA, FL 33629



**DO NOT WRITE IN THIS SPACE**

01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3627428	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HENDEE, BRETT ESQ.  
1700 S. MACDILL AVE., SUITE 200  
TAMPA, FL 33629-5218

**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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

1000000309321  
04/16/05 80023 008 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	BERTRON, STEWART T
STREET ADDRESS	1700 S MACDILL AVE STE 200
CITY-ST-ZIP	TAMPA, FL 33629

TITLE	D
NAME	BERTRON, TAMMY B
STREET ADDRESS	1700 S MACDILL AVE STE 200
CITY-ST-ZIP	TAMPA, FL 33629

TITLE	ASD
NAME	HENDEE, BRETT
STREET ADDRESS	1700 S MACDILL AVE STE 200
CITY-ST-ZIP	TAMPA, FL 33629

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

2-17-05 813-223-4995  
Date Daytime Phone #