

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90235 011 \*\*\*\*61.25

**DOCUMENT # N00000006583**

1. Entity Name  
**ROSS AND BARBARA PARKER FOUNDATION, INC.**



Principal Place of Business  
**4720 W CYPRESS ST, 2ND FL  
TAMPA, FL 33607**

Mailing Address  
**4720 W CYPRESS ST, 2ND FL  
TAMPA, FL 33607**

**94074740**



**DO NOT WRITE IN THIS SPACE**

04222004 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-3678394**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**PARKER, J ROSS  
4720 W CYPRESS ST, 2ND FL  
TAMPA, FL 33607**

**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

*Barbara M Parker*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/24/04*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD	
NAME	PARKER, J ROSS	deceased
STREET ADDRESS	4720 W CYPRESS ST, 2ND FL	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	D	
NAME	PARKER, BARBARA W	
STREET ADDRESS	4720 W CYPRESS ST, 2ND FL	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	D	
NAME	PARKER, JEFFREY R	
STREET ADDRESS	4720 W CYPRESS ST, 2ND FL	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	D	
NAME	CAMERON, KAREN P	
STREET ADDRESS	4720 W CYPRESS ST, 2ND FL	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	D	
NAME	PARKER, THADDEUS C IV	
STREET ADDRESS	4720 W CYPRESS ST, 2ND FL	
CITY-ST-ZIP	TAMPA, FL 33607	
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

*Barbara M Parker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/04*

Date

Daytime Phone #