

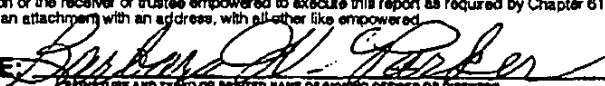
# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-11-2005 90191 050 \*\*\*\*70.00  
N00000006583

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                                     |                                                                   |                                                                                   |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # N00000006583</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        |                                                                                     |                                                                   |  |         |
| 1. Entity Name<br>ROSS AND BARBARA PARKER FOUNDATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                        |                                                                                     |                                                                   |                                                                                   |         |
| Principal Place of Business<br>4720 W CYPRESS ST, 2ND FL<br>TAMPA, FL 33607                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        |                                                                                     | Mailing Address<br>4720 W CYPRESS ST, 2ND FL<br>TAMPA, FL 33607   |                                                                                   |         |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        |                                                                                     | 3. Mailing Address                                                |                                                                                   |         |
| Suite, Apt. #, etc.<br>Suite 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                        |                                                                                     | Suite, Apt. #, etc.<br>Suite 200                                  |                                                                                   |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        |                                                                                     | City & State                                                      |                                                                                   |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        | Country                                                                             | Zip                                                               |                                                                                   | Country |
| 4. FEI Number<br>59-3678394                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        |                                                                                     | Applied For<br>Not Applicable                                     |                                                                                   |         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        |                                                                                     |                                                                   |                                                                                   |         |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                                     | 7. Name and Address of New Registered Agent                       |                                                                                   |         |
| PARKER, J ROSS<br>4720 W CYPRESS ST, 2ND FL<br>TAMPA, FL 33607                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        |                                                                                     | Name<br>Barbara W. Parker                                         |                                                                                   |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                                     | Street Address (P.O. Box Number is Not Acceptable)                |                                                                                   |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                                     | 4720 W. Cypress St., Suite 200                                    |                                                                                   |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                                     | City<br>Tampa                                                     |                                                                                   |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                                     | FL 33607                                                          |                                                                                   |         |
| 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  DATE 4/5/05                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |                                                                                     |                                                                   |                                                                                   |         |
| (NOTE: Registered Agent signature required when re-registering)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                                     |                                                                   |                                                                                   |         |
| Filing Fee is \$61.25<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                   | \$5.00 May Be<br>Added to Fees                                                    |         |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        |                                                                                     |                                                                   |                                                                                   |         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                        |                                                                                     |                                                                   |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>PARKER, BARBARA W<br>4720 W CYPRESS ST, 2ND FL<br>TAMPA, FL 33607 <input type="checkbox"/> Delete |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10             |                                                                                   |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>PARKER, JEFFREY R <input type="checkbox"/> Delete                                                 |                                                                                     |                                                                   |                                                                                   |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>CAMERON, KAREN P <input type="checkbox"/> Delete                                                  |                                                                                     |                                                                   |                                                                                   |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>PARKER, THADDEUS C IV <input type="checkbox"/> Delete                                             |                                                                                     |                                                                   |                                                                                   |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                        |                                                                                     |                                                                   |                                                                                   |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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  DATE 4/5/05 813-289-6918                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                        |                                                                                     |                                                                   |                                                                                   |         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                                                                                     |                                                                   |                                                                                   |         |

Per →  
Karen  
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