

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005147

FILED  
Apr 06, 2008  
Secretary of State

**Entity Name:** THE CODE FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

10029 ORANGE GROVE DRIVE  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

10029 ORANGE GROVE DRIVE  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:** 59-3755157

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HINES, JAMES P ESQ.  
HINES NORMAN & ASSOCIATES, PL  
315 SOUTH HYDE PARK AVENUE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CODE, BRAIN EDWARD  
Address: 10029 ORANGE GROVE DRIVE  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: PATRICK CODE, KAREN  
Address: 10029 ORANGE GROVE DRIVE  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: PATRICK CODE, JORDAN  
Address: 10029 ORANGE GROVE DRIVE  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: CODE, WHITNEY BETH  
Address: 10029 ORANGE GROVE DRIVE  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN E. CODE

D.

04/06/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date