



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90040 020 ****61.25

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| DOCUMENT # N01000008092 | | | |  | |
| 1. Entity Name HOWARD W. BLAKE-DON THOMPSON ALUMNI AND FRIENDS, INCORPORATION | | | | | |
| Principal Place of Business 4201 UNION ST. TAMPA, FL 33607 | | | Mailing Address P. O. BOX 311182 TAMPA, FL 33680 | | |
| 2. Principal Place of Business 1701 N. Boulevard Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State Tampa FL | | City & State | | 4. FEI Number 59-3665033 | |
| Zip 33607 | | Country Hillsborough | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KINSEY, RANDOLPH 4201 UNION ST. TAMPA, FL 33607 | | | 7. Name and Address of New Registered Agent Name <u>Dupree, Henry L.</u> Street Address (P.O. Box Number is Not Acceptable) <u>4211 E. Paris</u> City <u>Tampa</u> <u>FL</u> <u>33610</u> | | |
| 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 <u>Henry L. Dupree</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | <u>HENRY L. DUPREE</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | <u>5-23-06</u> <small>DATE</small> | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRANT, PAULINE L P. O. BOX 181 THONOTOSASSA, FL 33592 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D UPSTAW, CARNELL 8315 CROTON AVE. TAMPA, FL 33619 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PHILMORE, GLORIA 4601 ASHMORE PL. TAMPA, FL 33610 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Dawson, Flora C. 2223 E. Cayuga Ave. Tampa FL 33610 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COLLINS, CAROLYN 4002 LASALLE ST. TAMPA, FL 33607 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Morris, Harry T. 4917 N. 38th St. Tampa FL 33610 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUPREE, HENRY L 4211 E. PARIS TAMPA, FL 33610 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Randolph, Edith 1916 St. Conrad Tampa FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WARREN, CARL 1710 E. NORTH BAY TAMPA, FL 33610 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Griffin, Erma B. 3915 E. Idlewild Ave. Tampa FL 33610 <input type="checkbox"/> Change <input checked="" 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 recipient or trustee, and have the authority 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: <u>CARNELL UPSTAW</u> <u>5-23-06</u> <u>813-293-0562</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |