

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

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90271 014 ****61.25

DOCUMENT # N02000000698

1. Entity Name
THE STEFF FOUNDATION, INC.



Principal Place of Business
14175 ICOT BLVD SUITE 100
CLEARWATER, FL 33760

Mailing Address
14175 ICOT BLVD SUITE 100
CLEARWATER, FL 33760

20041327



03282005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
26-0051590

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INGHRAM, ROBERT
14175 ICOT BLVD.
SUITE 100
CLEARWATER, FL 33760

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME JOHNSON, DANIEL
STREET ADDRESS 14175 ICOT BLVD SUITE 100
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE D
NAME INGRAM, ROBERT
STREET ADDRESS 14175 ICOT BLVD SUITE 100
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE D
NAME DAVIS, ROBERT "NEAL"
STREET ADDRESS 14175 ICOT BLVD SUITE 100
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE D
NAME BLUME, KIRSTEN
STREET ADDRESS 14175 ICOT BLVD. SUITE 100
CITY-ST-ZIP CLEARWATER, FL 33760

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: DAN JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/05 727-524-3900
Date Daytime Phone #