2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 29, 2004 8:00 am **Secretary of State** DOCUMENT # N02000001729 1. Entity Name 03-29-2004 90071 037 ****61.25 LEWIS AND SALLY HILL CHARITABLE FOUNDATION, INC. Principal Place of Business Mailing Address 31 WEST SPANISH MAIN ST. 31 WEST SPANISH MAIN ST. 94930490 **TAMPA FL 33609** TAMPA FL 33609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 01-0635866 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HILL, LEWIS H III Street Address (P.O. Box Number is Not Acceptable) 31 WEST SPANISH MAIN ST. **TAMPA FL 33609** Zip Code 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 Signature, typed or printed name of registered agent and little if applicable. . (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DP TITE F ☐ Delete TITLE ☐ Change ☐ Addition HILL. LEWIS H III NAME NAME 31 WEST SPANISH MAIN ST. STREET ADDRESS STREET ADDRESS **TAMPA FL 33609** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HILL SALLY S NAME NAME 31 WEST SPANISH MAIN ST. STREET ADDRESS STREET ADDRESS **TAMPA FL 33609** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HILL, ROBERT L NAME NAME 36 WEST SPANISH MAIN ST. STREET ADDRESS STREET ADDRESS TAMPA FL 33609 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SANDBURG, SALLY H NAME NAME 8580 RIVERSIDE DR. NE STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33702 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE

FILED