2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # N02000001729

1. Entity Name
LEWIS AND SALLY HILL CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
31 WEST SPANISH MAIN ST. TAMPA, FL 33609	31 WEST SPANISH MAIN ST. TAMPA, FL 33609 US

02262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0635866
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HILL, LEWIS H III
31 WEST SPANISH MAIN ST.
TAMPA, FL 33609

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

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HILL, LEWIS H III
STREET ADDRESS	31 WEST SPANISH MAIN ST.
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	DV
NAME	HILL, SALLY S
STREET ADDRESS	31 WEST SPANISH MAIN ST.
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	DS
NAME	HILL, ROBERT L
STREET ADDRESS	31 WEST SPANISH MAIN ST.
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	DT
NAME	SANDBURG, SALLY H
STREET ADDRESS	8580 RIVERSIDE DR. NE
CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/07-80050-021 61.25

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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 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: _____ Pres. 4/3/07 813-287-1196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #