

**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.	
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Principal Place of Business 31 WEST SPANISH MAIN ST. TAMPA, FL 33609	Mailing Address 31 WEST SPANISH MAIN ST. TAMPA, FL 33609 US
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DO NOT WRITE IN THIS SPACE



02262007 No Chg-NP

CR2E037 (4/06)

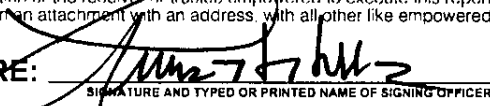
4. FEI Number 01-0635866	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HILL, LEWIS H III 31 WEST SPANISH MAIN ST. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HILL, SALLY S 31 WEST SPANISH MAIN ST. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HILL, ROBERT L 31 WEST SPANISH MAIN ST. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SANDBURG, SALLY H 8580 RIVERSIDE DR. NE ST. PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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