2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# N02000001985

Entity Name: THE NORTHWEST TAMPA FAMILY FOUNDATION, INC.

Current Principal Place of Business:

7705 GUNN HWY
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

7705 GUNN HWY
TAMPA, FL 33625

New Mailing Address:

FEI Number: 01-0639829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOWLETT, JOE M
7705 GUNN HWY
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HOWLETT, JOE M
Address: 7705 GUNN HWY
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete
Name: SHUMATE, MICHAEL
Address: 7705 GUNN HWY
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete
Name: MILFORD, DUANE
Address: 7705 GUNN HWY
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete
Name: GILES, ROBERT
Address: 7705 GUNN HWY
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete
Name: BECK, RON
Address: 7705 GUNN HWY
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete
Name: HOPKINS, JUDY
Address: 16520 OLEY RIDGE COURT
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MAISH, PHIL
Address: 7705 GUNN HWY
City-St-Zip: TAMPA, FL 33625

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: BECK, RON
Address: 7705 GUNN HWY
City-St-Zip: TAMPA, FL 33625

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON BECK P 04/19/2006

Electronic Signature of Signing Officer or Director — Date