


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000005556</b>	
1. Entity Name UPPER TAMPA BAY LIBRARY FOUNDATION, INC.	

Principal Place of Business 12306 WYCLIFF PLACE TAMPA, FL 33626-2632	Mailing Address 12306 WYCLIFF PLACE TAMPA, FL 33626-2632
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 03-0411108	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  SCHARRINGHAUSEN, BRETT T 12306 WYCLIFF PLACE TAMPA, FL 33626-2632	DO NOT WRITE 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHARRINGHAUSEN, BRETT T 12306 WYCLIFF PLACE TAMPA, FL 336262632
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNO, ROBERT 10120 DOWNEY LANE TAMPA, FL 336262632
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRENTINO, DAVID 14678 CANOPY DRIVE TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZABREK, SCOTT 6320 NEWTON CIRCLE APT B2 TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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01/25/08-80002-010 61.25

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:** Robert C. Bruno Robert C. Bruno 1/15/08 609-351-4945  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #