

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90107 035 ****61.25

DOCUMENT # N02000005896

1. Entity Name
THE ANDERSON FOUNDATION, INC.



Principal Place of Business
**4038 NORTH RIVERVIEW AVE.
TAMPA, FL 33607**

Mailing Address
**4038 NORTH RIVERVIEW AVE.
TAMPA, FL 33607**

50049266



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
01-0762132

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**ANDERSON, LORETTA B
4038 NORTH RIVERVIEW AVE.
TAMPA, FL 33607**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete
NAME ANDERSON, LORETTA B
STREET ADDRESS 4038 N. RIVER VIEW AVE.
CITY-ST-ZIP TAMPA, FL 33607

TITLE D ☐ Delete
NAME SMITH, WALTER L
STREET ADDRESS P.O. BOX 4380
CITY-ST-ZIP TAMPA, FL 33677

TITLE ST ☐ Delete
NAME CLEMENT, ESTRELLA T
STREET ADDRESS 11301 TRALEE DRIVE
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE D ☐ Delete
NAME CHANEY, OLIVIA M.D.
STREET ADDRESS 1023 CAMPBELL STREET
CITY-ST-ZIP ORLANDO, FL 32865

TITLE D ☐ Delete
NAME LEWIS, MAGGIE
STREET ADDRESS 419 MERCURY DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE D ☐ Delete
NAME POWELL, GWENDOLYN T
STREET ADDRESS P.O. BOX 306288
CITY-ST-ZIP ST THOMAS, VI 00803

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Smith, Aaron A.
STREET ADDRESS 6601 Orangewood Terrace
CITY-ST-ZIP Tampa, FL 33610

TITLE D ☐ Change ☒ Addition
NAME MONROE, Herman
STREET ADDRESS 6601 Orangewood Terrace
CITY-ST-ZIP Tampa, FL 33610

TITLE D ☐ Change ☒ Addition
NAME Smith, Walter L.
STREET ADDRESS P.O. Box 4380
CITY-ST-ZIP Tampa, FL 33677

TITLE D ☐ Change ☒ Addition
NAME Hewitt, Gwen
STREET ADDRESS 3610 E. MLK Blvd
CITY-ST-ZIP Tampa, FL 33610

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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, with all other like empowered.

SIGNATURE:

Loretta B. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Loretta B. Anderson

4/28/2005 (813) 273-6767

Date Daytime Phone #