2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2006
Secretary of State

DOCUMENT# N02000005896

Entity Name: THE ANDERSON FOUNDATION, INC.

Current Principal Place of Business:

4038 NORTH RIVERVIEW AVE.
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4038 NORTH RIVERVIEW AVE.
TAMPA, FL 33607

New Mailing Address:

FEI Number: 01-0762132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDERSON, LORETTA B
4038 NORTH RIVERVIEW AVE.
TAMPA, FL 33607 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:	C	( ) Delete
Name:	ANDERSON, LORETTA B	
Address:	4038 N. RIVER VIEW AVE.	
City-St-Zip:	TAMPA, FL 33607	
Title:	D	( ) Delete
Name:	SMITH, WALTER L	
Address:	P.O. BOX 4380	
City-St-Zip:	TAMPA, FL 33677	
Title:	ST	( ) Delete
Name:	CLEMENT, ESTRELLA T	
Address:	11301 TRALEE DRIVE	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	D	( ) Delete
Name:	CHANEY, OLIVIA M.D.	
Address:	1023 CAMPBELL STREET	
City-St-Zip:	ORLANDO, FL 32865	
Title:	D	( ) Delete
Name:	LEWIS, MAGGIE	
Address:	419 MERCURY DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32305	
Title:	D	( ) Delete
Name:	POWELL, GWENDOLYN T	
Address:	P.O. BOX 306288	
City-St-Zip:	ST THOMAS, VI 00803	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: LORETTA B. ANDERSON C 05/24/2006

Electronic Signature of Signing Officer or Director — Date