

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005896

FILED  
Jul 31, 2007  
Secretary of State

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:

## Name and Address of New Registered Agent:

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

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: D      (X) Change ( ) Addition  
Name: CLEMENT, ESTRELLA T  
Address: 11301 TRALEE DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

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

Title: S      (X) Change ( ) Addition  
Name: LEWIS, MAGGIE  
Address: 419 MERCURY DRIVE  
City-St-Zip: TALLAHASSEE, FL 32305

Title: VC      (X) Change ( ) Addition  
Name: POWELL, GWENDOLYN T  
Address: P.O. BOX 306288  
City-St-Zip: ST THOMAS, VI 00803

I hereby certify that the information supplied with this filing does not qualify 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

CHAI

07/31/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date