

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008812

FILED  
Apr 16, 2004  
Secretary of State

Entity Name: HALLAM CHARITABLE CORPORATION

**Current Principal Place of Business:**

C/O T. PAINE KELLY, JR., ESQ.  
400 N. TAMPA STREET, SUITE 2300  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

C/O T. PAINE KELLY, JR., ESQ.  
400 N. TAMPA STREET, SUITE 2300  
TAMPA, FL 33602

**New Mailing Address:**

FEI Number: 65-1161841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KELLY, T. PAINE JR. ESQ  
400 NORTH TAMPA STREET  
SUITE 2300  
TAMPA, FL 33602 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: BORSCH, MARY H  
Address: 400 N. TAMPA ST., SUITE 2300  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: KELLY, JR, PAINE T  
Address: 400 N. TAMPA ST. SUITE 2300  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: LOVERING, MIMSI  
Address: 400 N. TAMPA ST. SUITE 2300  
City-St-Zip: TAMPA, FL 33602

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: T. PAINE KELLY, JR.

D

04/16/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date