2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N03000000129



FILED

Jul 19, 2006 8:00 am

Secrétary of State

07-19-2006 90007 027 ****61.25 THE REESE FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 101 E. KENNEDY BOULEVARD, SUITE 2700 101 E. KENNEDY BOULEVARD, SUITE 2700 TAMPA, FL 33602 TAMPA, FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07122006 CR2E037 (4/06) Chg-NP City & State City & State Applied For 4. FEI Number 06-1689083 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYLOR, J. ERIC ESQ. Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BOULEVARD, SUITE 2700 TAMPA, FL 33602 City 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 remittating) \$5.00 May Be Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing Trust Fund Contribution. Florida Department of State Due by September 6, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 TISTE TITLE Delete ☐ Change Addition REESE, JAMES H NAME NAME COLEMAN SEAN E. 202 SHORE DRIVE WEST 2869 WEATHERSFIELD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33761 CITY-ST-ZIP ☐ Change DTS Delete TITLE ☐ Addition REESE, CAROL M NAME MAME 2869 WEATHERSFIELD COURT STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33761 CITY-ST-719 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Change NAME REESE, SHANNON C NAME STREET ADDRESS STREET ADDRESS 532 38TH AVE NE CITY-ST-ZIP SAINT PETERSBURG, FL 33704 CITY+ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME REESE, DANIEL P NAME STREET ADDRESS 2572 BRANDY DRIVE WEST STREET ADDRESS CITY-ST-ZIP OLDSMAR, FL 34677 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition COLEMAN, KRISTIN R NAME NAME STREET ADDRESS 202 SHORE DRIVE WEST STREET ADDRESS CITY-ST-ZIP OLDSMAR, FL 34677 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition REESE, TODD J NAME 532 38TH AVE NE STREET ADDRESS STREET ADDRESS SAINT PETERSBURG, FL 33704 CITY-ST-ZIP CITY-ST-ZIP

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 eath; 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 empo

SIGNATURE: