


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90186 008 ****61.25

DOCUMENT # N03000001694

1. Entity Name
 THE JUDGE ALVA CARVER FOUNDATION, INC.



Principal Place of Business
 3010 WEST AZEELE STREET
 TAMPA, FL 33609

Mailing Address
 3010 WEST AZEELE STREET
 TAMPA, FL 33609

50045043



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03282005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
 20-0187631

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

FERNANDEZ, KATHY L
 3010 WEST AZEELE STREET
 TAMPA, FL 33609

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attachment listing officers and directors
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attachment listing officers and directors	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Kathy L. Fernandez**

Date: **4/26/05** (813) 970-7090
Date Daytime Phone #

NO 3000001694
 THE JUDGE ALVA CARVER FOUNDATION, INC.

50045043

OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Fernandez, Kathy L. 3010 W. Azeele Street Tampa, Florida 33609		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Black, Thomas W. 3010 W. Azeele Street Tampa, Florida 33609		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T Lutton, Andrew E 3010 W. Azeele Street Tampa, Florida 33609		<input checked="" type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Whitney, Shirley 3010 W. Azeele Street Tampa, Florida 33609	<input checked="" type="checkbox"/> Delete	