
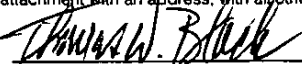


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90420 027 ****61.25

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

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	
2. Principal Place of Business 12973 TELECOM PARKWAY		3. Mailing Address 12973 TELECOM PARKWAY	
Suite, Apt. #, etc. SUITE 100		Suite, Apt. #, etc. SUITE 100	
City & State TEMPLE TERRACE, FL		City & State TEMPLE TERRACE, FL	
Zip 33637 Country USA		Zip 33637 Country USA	
4. FEI Number 20-0187631		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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 FERNANDEZ, KATHY L Street Address 12973 TELECOM PARKWAY, SUITE 100 City TEMPLE TERRACE FL Zip Code 33637	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP FERNANDEZ, KATHY L 3010 WEST AZEELE STREET TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERNANDEZ, KATHY L 12973 TELECOM PARKWAY SUITE 100 TEMPLE TERRACE, FL 33637 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P BLACK, THOMAS W 3010 WEST AZEELE STREET TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P BLACK, THOMAS W 12973 TELECOM PARKWAY SUITE 100 TEMPLE TERRACE, FL 33637 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LUTTON, ANDREW E 3010 WEST AZEELE STREET TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WALLACE, GEORGE H 12973 TELECOM PARKWAY SUITE 100 TEMPLE TERRACE, FL 33637 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REX, SANDRA J 12973 TELECOM PARKWAY SUITE 100 TEMPLE TERRACE, FL 33637 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 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:  THOMAS W. BLACK		Date: 4/25/06 Daytime Phone #: 813-891-8400	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			