

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010055

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** JOHN AND TRACY BALES FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

9700 DR MARTIN LUTHER KING JR ST N  
SUITE 400  
ST. PETERSBURG, FL 33702

**New Principal Place of Business:**

**Current Mailing Address:**

9700 DR MARTIN LUTHER KING JR ST N  
SUITE 400  
ST. PETERSBURG, FL 33702

**New Mailing Address:**

**FEI Number:** 20-0855891

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BALES, JOHN C  
9700 DR MARTIN LUTHER KING JR ST N  
SUITE 400  
ST. PETERSBURG, FL 33702 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  
Name: BALES, JOHN C  
Address: 9700 DR MARTIN LUTHER KING JR ST N  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D  
Name: BALES, TRACY F  
Address: 9700 DR MARTIN LUTHER KING JR ST N  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D  
Name: GRIEB, ROBERT V  
Address: 500 N WESTSHORE BLVD STE 500  
City-St-Zip: TAMPA, FL 33609

I hereby 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 all other like empowered.

SIGNATURE: JOHN CALHOUN BALES

D

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date