

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90036 013 ****70.00

DOCUMENT # N03000010563 1. Entity Name COMMUNITY FOUNDATION OF GREATER SUN CITY CENTER, INC.			
Principal Place of Business 4950 W. KENNEDY BLVD., SUITE 250 TAMPA, FL 33609		Mailing Address 4950 W. KENNEDY BLVD., SUITE 250 TAMPA, FL 33609	
2. Principal Place of Business - No P.O. Box # 550 N. Reo Street Suite, Apt. #, etc. Suite 301		3. Mailing Address 550 N. Reo Street Suite, Apt. #, etc. Suite 301	
City & State Tampa FL		City & State Tampa FL	
Zip 33609-1037		Country Hillsborough	
4. FEI Number 59-3001853		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISCHER, DAVID J 4950 W. KENNEDY BLVD., SUITE 250 TAMPA, FL 33609		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 550 N. Reo Street Suite 301 City Tampa FL Zip Code 33609-1037	
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 <u>David J. Fischer</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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	CD LUNS福德, EVELYN <input type="checkbox"/> Delete	TITLE	CD Lunsford, Evelyn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4950 W. KENNEDY BLVD SUITE 250	NAME	550 N. Reo Street Suite 301
STREET ADDRESS	TAMPA, FL 33609	STREET ADDRESS	Tampa FL 33609-1037
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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 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: <u><i>David J. Fischer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/29/08</u> <u>813282</u> <u>1975</u> <small>Daytime Phone #</small>	