2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N03000010701

Entity Name: JOHN H. AND MARTHA L. PIEPER CHARITABLE FAMILY FOUNDATION, INC.

Current Principal Place of Business:

3411 LYKES AVENUE
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

3411 LYKES AVENUE
TAMPA, FL 33609

New Mailing Address:

FEI Number: 20-0468528 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENDEE, BRETT ESQ
1700 S MACDILL AVE, STE 200
TAMPA, FL 336295218 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 ( ) Delete
Name: PIEPER, JOHN H
Address: 3411 LYKES AVE
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete
Name: PIEPER, MARTHA L
Address: 3411 LYKES AVE
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete
Name: PIEPER, SCOTT L
Address: 3011 W LAWN AVE
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Delete
Name: WHITE, KATHERINE P
Address: 16951 COLONY LAKES BLVD
City-St-Zip: FT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WHITE, KATHERINE P
Address: 2514 W. JETTON AVE
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN H. PIEPER D 04/26/2005

Electronic Signature of Signing Officer or Director — Date