2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

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

Principal Place of Business	Mailing Address
3411 LYKES AVENUE TAMPA, FL 33609	3411 LYKES AVENUE TAMPA, FL 33609

03212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0468528
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HENDEE, BRETT ESQ
1700 S MACDILL AVE, STE 200
TAMPA, FL 33629-5218

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000478295
04/07/06-80026-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PIEPER, JOHN H
STREET ADDRESS	3411 LYKES AVE
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	D
NAME	PIEPER, MARTHA L
STREET ADDRESS	3411 LYKES AVE
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	D
NAME	PIEPER, SCOTT L
STREET ADDRESS	3011 W LAWN AVE
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D
NAME	WHITE, KATHERINE P
STREET ADDRESS	2514 W. JETTON AVE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/21/06 813 732 3411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #