

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000002789

1. Entity Name
THE FOUNDATION FOR A BETTER PLACE, INC.



Principal Place of Business
14905 PINEAPPLE LANE
TAMPA, FL 33626

Mailing Address
14905 PINEAPPLE LANE
TAMPA, FL 33626

FILED
Jul 16, 2008 08:00 AM
Secretary of State



07112008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 20-1283591	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KREISCHER, JR., ALBERT C
C/O FUENTES & KREISCHER
1407 W BUSCH BLVD
TAMPA, FL 33612

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BISHOP, WILLIAM L
STREET ADDRESS	14101 RACE TRACK RD
CITY-ST-ZIP	TAMPA, FL 336261306
TITLE	D
NAME	LENTON, ANNE-MARIE
STREET ADDRESS	14905 PINEAPPLE LANE
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	D
NAME	LUDWIG, DANA
STREET ADDRESS	5403 LIPSCOMB STREET
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D
NAME	EDGAR, DIANE
STREET ADDRESS	C/O GLATTING JACKSON, 33 E PINE ST
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	D
NAME	KREISCHER, JR., ALBERT C
STREET ADDRESS	C/O FUENTES & KREISCHER, 1407 W BUSCH BLVD
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	D
NAME	ODIO, ALEX
STREET ADDRESS	14905 PINEAPPLE LANE
CITY-ST-ZIP	TAMPA, FL 33626

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IN THIS SPACE**

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: **WILLIAM L. BISHOP**

7.14.08

(813) 843 7275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #