

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

9/9/2005-90031-010-\$61.25-\$61.25

DOCUMENT # N04000007041	
1. Entity Name CAROLYN BRYANT FOUNDATION INC.	



FILED
05 OCT 26 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2nd MOORE CR2E037 (5/05)

Principal Place of Business 838 SUNRIDGE PT. DRIVE SEFFNER FL 33584	Mailing Address 838 SUNRIDGE PT. DRIVE SEFFNER FL 33584
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2. Principal Place of Business 5211 S. 83rd St Suite, Apt. #, etc.	3. Mailing Address 5211 S. 83rd St. Suite, Apt. #, etc.
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City & State Tampa Florida	City & State Tampa, FL
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4. FF Number 421636729	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRYANT, CAROLYN 838 SUNRIDGE PT. DRIVE SEFFNER FL 33584	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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>Carolyn Bryant</u>	6 Sept 05

FILE NOW: FEE IS \$61.25 Due By September 7, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carolyn Bryant 5211 S. 83rd St Tampa, FL 33619	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cherard Bryant 5211 S. 83rd St Tampa, FL 33619	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Terron Shine 5211 S. 83rd St Tampa, FL 33619	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shane Bryant 5211 S. 83rd St Tampa, FL 33619	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Summer Bryant 5211 S. 83rd St Tampa, FL 33619	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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>Carolyn Bryant</u>	6 Sept 05