


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90289 026 ****61.25

DOCUMENT # N04000009327 1. Entity Name KRAUSS-MILLER-LUTZ CHARITABLE TRUST FOUNDATION, INC.	
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Principal Place of Business 715 NORTH SHERRILL STREET TAMPA, FL 33609	Mailing Address 715 NORTH SHERRILL STREET TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE

03272006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-1727663	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOORE, CHARLENE D 13107 HEATA PLACE RIVERVIEW, FL 33569

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KEARNEY, JOHN E 5404 LEILANI DRIVE SAINT PETERSBURG, FL 33706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SIRIANNI, ANDREW T 1072 DONBROSE AVE TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEINLANDER, WALTER G 2212 MCKINLEY AVE BAY CITY, MI 48708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, VIRGINIA R 3307 WEST MARITANA DRIVE ST PETERBURG BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MILLER, KIM 3311 WEST MARITANA DRIVE SAINT PETERSBURG BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: John E. Kearney, President **04/05/06** **813-289-3180**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #