

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90087 024 \*\*\*\*61.25

<b>DOCUMENT # N04000009327</b>					
<b>1. Entity Name</b> KRAUSS-MILLER-LUTZ CHARITABLE TRUST FOUNDATION, INC.					
<b>Principal Place of Business</b> 715 NORTH SHERRILL STREET TAMPA, FL 33609			<b>Mailing Address</b> 715 NORTH SHERRILL STREET TAMPA, FL 33609		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> PO BOX 23943			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State TAMPA, FL		<b>4. FEI Number</b> 20-1727663	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 33623		Country USA		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MOORE, CHARLENE D 13107 HEATA PLACE RIVERVIEW, FL 33569			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KEARNEY, JOHN E 5404 LEILANI DRIVE SAINT PETERSBURG, FL 33706	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SIRIANNI, ANDREW T 1072 DONBROSE AVE TAMPA, FL 33615	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEINLANDER, WALTER G 2212 MCKINLEY AVE BAY CITY, MI 48708	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, VIRGINIA R 3307 WEST MARITANA DRIVE ST PETERBURG BEACH, FL 33706	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MILLER, KIM 3311 WEST MARITANA DRIVE SAINT PETERSBURG BEACH, FL 33706	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SIRIANNI, ANDREW T 1072 DONBROSE AVE TAMPA, FL 33615	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, VIRGINIA R 3307 WEST MARITANA DRIVE ST PETERBURG BEACH, FL 33706	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, VIRGINIA R 3307 WEST MARITANA DRIVE ST PETERBURG BEACH, FL 33706	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, VIRGINIA R 3307 WEST MARITANA DRIVE ST PETERBURG BEACH, FL 33706	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <i>John E. Kearney</i>		4/16/08		813-289-3180	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	