2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000009668

1. Entity Name
TAMPA BAY FEDERAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
3815 N NEBRASKA AVE TAMPA, FL 33603	P O BOX 7492 TAMPA, FL 33673

01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2340585
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHUMACHER, DALE
3815 N NEBRASKA AVE
TAMPA, FL 33603

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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: _____ 1/5/2007
(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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	MR.
NAME	SETH, ROBERT CHAIR
STREET ADDRESS	3815 N NEBRASKA AVE
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	MR.
NAME	BURGUE, PETE VICE CH
STREET ADDRESS	3815 N NEBRASKA AVE
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	MR.
NAME	SCHUMACHER, DALE SEC
STREET ADDRESS	3815 N NEBRASKA AVE
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	MR.
NAME	ALLEN, ERNEST TRES
STREET ADDRESS	3815 N NEBRASKA AVE
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	MR.
NAME	HAMP, EDWARD DIR
STREET ADDRESS	3815 N NEBRASKA AVE
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	MS.
NAME	WALKER, CYNTHIA DIR
STREET ADDRESS	3815 N NEBRASKA AVE
CITY-ST-ZIP	TAMPA, FL 33603

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01/09/07-80054-020 70.00

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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: _____ 1/5/2007 813 383 2377
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #