

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000010451

1. Entity Name
VISITAGE FOUNDATION, INC.



Principal Place of Business
4934 14TH AVE., NORTH
ST. PETERSBURG, FL 33710

Mailing Address
4934 14TH AVE., NORTH
ST. PETERSBURG, FL 33710



02072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0131980

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEYER, DAVID A
% PIPER RUDNICK, LLP
101 EAST KENNEDY BLVD. SUITE 200
TAMPA, FL 33602

**DO NOT WRITE
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

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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME WELTY, DONNA R
STREET ADDRESS 700 ATWOOD AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 337026715

TITLE D
NAME TONNING, LINDA A
STREET ADDRESS 700 ATWOOD AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 337026715

TITLE D
NAME MARSHALL, SAVILLA K
STREET ADDRESS 1519 DINNERBELL LANE
CITY-ST-ZIP DUNEDIN, FL 33698

TITLE PD
NAME LEHRFELD, JOANNE
STREET ADDRESS 4934 14TH AVE., NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000833989
02/28/08-80034-018 61.25

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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:

Joanne Lehrfeld

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/08

Date

727 204 5203

Daytime Phone #