


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N04000012028</b> 1. Entity Name <b>THE BISK FAMILY FOUNDATION, INC.</b>	
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Principal Place of Business <b>9417 PRINCESS PALM AVE SUITE 400 TAMPA, FL 33619</b>	Mailing Address <b>9417 PRINCESS PALM AVE SUITE 400 TAMPA, FL 33619</b>
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**DO NOT WRITE IN THIS SPACE**



04192007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

**BISK, ALISON L  
9417 PRINCESS PALM AVE  
SUITE 400  
TAMPA, FL 33619**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000752893</b> <b>05/21/07-80035-004 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BISK, NATHAN M 9417 PRINCESS PALM AVENUE TAMPA, FL 336198313</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BISK, BARBARA 9417 PRINCESS PALM AVENUE TAMPA, FL 336198313</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BISK, ALISON L 9417 PRINCESS PALM AVENUE TAMPA, FL 336198313</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BISK, MICHAEL 9417 PRINCESS PALM AVENUE TAMPA, FL 336198313</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:**  **4/19/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #