

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90036 014 ****70.00

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| DOCUMENT # N05000009629 1. Entity Name COMMUNITY FOUNDATION OF GREATER ST. PETERSBURG, INC. | | | | | |
| Principal Place of Business 4950 W KENNEDY BLVD SUITE 250 TAMPA, FL 33609 | | | | Mailing Address 4950 W KENNEDY BLVD SUITE 250 TAMPA, FL 33609 | |
| 2. Principal Place of Business - No P.O. Box # 550 N. Reo Street | | 3. Mailing Address 550 N. Reo Street | | | |
| Suite, Apt. #, etc. Suite 301 | | Suite, Apt. #, etc. Suite 301 | | | |
| City & State Tampa FL | | City & State Tampa FL | | 4. FEI Number 59-3001853 | |
| Zip 33609-1037 | | Country Hillsborough | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 33609-1037 | | Country Hillsborough | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FISCHER, DAVID J 4950 W KENNEDY BLVD SUITE 250 TAMPA, FL 33609 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 550 N. Reo Street Suite 301 City Tampa FL Zip Code 33609-1037 | |
| 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 <u>David J. Fischer</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC REILLY, MARY ANNE <input type="checkbox"/> Delete 4950 W. KENNEDY BLVD. SUITE 250 TAMPA, FL 33609 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Reilly, Mary Anne 550 N. Reo Street Suite 301 Tampa FL 33609-1037 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>2/29/08</u> Daytime Phone # <u>813 282 1975</u> | | |