2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05587

FILED Apr 03, 2006 Secretary of State

Entity Name: INDEPENDENT COMMUNITY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O BEATRICE SPEARMAN
418 E EMILY STREET
418 E EMILY STREET
TAMPA, FL 33603
TAMPA, FL 33603

Current Mailing Address: New Mailing Address:

418 E EMILY ST. TAMPA, FL 33603 US

FEI Number: 59-2458420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPEARMAN, BEATRICE W.

2420 E. EMMA STREET

TAMPA, FL 33610 US

SPEARMAN,, BEATRICE W PRES
2420 E. EMMA STREET

TAMPA, FL 33610 US

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.

SIGNATURE: BEATRICE W SPEARMAN 04/03/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PTD () DeleteTitle:PTD (X) Change () AdditionName:SPEARMAN, BEATRICE W, .Name:SPEARMAN, BEATRICE W MRS.Address:2420 E EMMAAddress:2420 E EMMA

 Address:
 2420 E EMMA
 Address:
 2420 E EMMA

 City-St-Zip:
 TAMPA, FL
 City-St-Zip:
 TAMPA, FL
 33610 US

 Name:
 SPEARMAN, LINDA M
 Name:

 Address:
 1908 19TH AVENUE
 Address:

 City-St-Zip:
 TAMPA, FL
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition Name: SPEARMAN RICHARD E., Name: SPEARMAN, RICHARD E.MR.

 Address:
 1908 19TH AVE.
 Address:
 1908 19TH AVE.

 City-St-Zip:
 TAMPA, FL
 City-St-Zip:
 TAMPA, FL 33605 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEATRICE W. SPEARMAN PTD 04/03/2006