

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000004420

1. Entity Name
MIKE ALSTOTT FAMILY FOUNDATION, INC.



Principal Place of Business
**7019 FIRST AVE. SOUTH, UNIT 1
ST. PETERSBURG, FL 33707**

Mailing Address
**7019 FIRST AVE. SOUTH, UNIT 1
ST. PETERSBURG, FL 33707**

FILED

2008 MAR - 7 AM 10: 57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



02112008 Chg-NP CR2E037 (12/06)

4. FEI Number ☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CLEMENTS, RICHARD H.
7019 FIRST AVE. SOUTH, UNIT 1
ST. PETERSBURG, FL 33707**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D ALSTOTT, MICHAEL J.**
STREET ADDRESS **7019 FIRST AVE. SOUTH, UNIT 1**
CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

TITLE ☐ Delete
NAME **D ALSTOTT, NICOLE V.**
STREET ADDRESS **7019 FIRST AVE. SOUTH, UNIT 1**
CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

TITLE ☐ Delete
NAME **D VANDERBECK, MARY LOU**
STREET ADDRESS **7019 FIRST AVE. SOUTH, UNIT 1**
CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500120811345
03/20/08--01016--003 **61.25

☐ Change ☐ Addition

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/08

Date

Daytime Phone #