

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009329

FILED  
May 13, 2008  
Secretary of State

Entity Name: THE SUSTANY FOUNDATION, INC.

**Current Principal Place of Business:**

1210 S DRUID LANE  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

1210 S DRUID LANE  
TAMPA, FL 33629

**New Mailing Address:**

FEI Number: 26-1307300      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SANCHEZ, ROBERT C ESQ.  
2907 BAY TO BAY BLVD  
SUITE 201  
TAMPA, FL 33629 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: REED, DAVID  
Address: 1210 S DRUID LANE  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: SANCHEZ, ROBERT  
Address: 4613 W LAMB AVE  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: CHENEY, ANDREA  
Address: 4817 S SUNSET BLVD  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: REED, DAVID H  
Address: 1210 S DRUID LANE  
City-St-Zip: TAMPA, FL 33629

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID H. REED

D

05/13/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date