2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

PLANT CITY, FL 33566

CITY-ST-ZIP

SIGNATURE:

DOCUMENT # N07000010600 2008 APR 22 PM 3: 52 THE BILLY TURNEY FOUNDATION, INC. SECRETARY OF STATE TALLAHASSEE, FLORIÑA Principal Place of Business Mailing Address 2958 WELLINGTON CIRCLE NORTH, STE 100 2958 WELLINGTON CIRCLE NORTH, STE 100 TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Ant # etc Suite Apt # etc 01162008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 26-1796644 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AYOTTE, JIM Street Address (P.O. Box Number is Not Acceptable) 2958 WELLINGTON CIRCLE NORTH, STE 100 TALLAHASSEE, FL 32309 City 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 4 applicable (NOTE: Registered Agent signature required when reinstaking) CATE Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete TITLE ☐ Change TITLE Director NAME STEINER NELSON NAME Lori Killinger 2600 Centennial Place 401 S ALBANY AVE, OLD FIREHOUSE #8 STREET ADDRESS STREET ADDRESS Suite 100 CITY-ST-ZIP **TAMPA, FL 33606** CITY-SI-ZIP <u> Tallahassee, FL 32308</u> Change vĈ ☐ Delete TITLE TITLE Director Steve Weis 4830 W. Kennedy Blvd., TURNEY, MARGE NAME NAME Suite 730 STREET ADDRESS 170 31ST AVE STREET ADDRESS Tampa, FL 33609-3823 ST PETERSBURG, FL 33706 CITY-ST-ZIP CITY-ST-ZIF Director Ken Cashin P.O. Box 2442 ☐ Change ☐ Addition TITLE ☐ Delete TIFLE NAME AYOTTE, JIM 2958 WELLINGTON CIRCLE NORTH, STE 100 STREET ADDRESS STREET ADDRESS Tallahassee, FL 32316-2442 CITY-ST-ZIP TALLAHASSEE, FL 32309 CITY-ST-ZIP Change X Addition Delete TITLE TITLE Director MCNEIL, BRIAN NAME Robert Young 5600 US 98 North, S Lakeland, FL 33809 NAME 1505 GOLFCLUB RD EXT STREET ADDRESS Suite 7 STREET ADDRESS CITY-ST-ZIP DOUGLAS, GA 31533 CITY-ST-7IP Change Addition Delete TITLE TITLE Director HUEY, DAVE NAME NAME Victor A. Trino STREET ADDRESS 5003 BRITTANY DRIVE S, STE 4 STREET ADDRESS 3801 Corpporex Park Drive, Ste. 130 Tampa, FL 33619 CITY-ST-ZIP ST PETERSBURG, FL 33715 CITY-ST-ZIP Change ■ Addition Delete TITLE D TATLE WNEK, MIKE NAME NAME 605 S FRONTAGE RD STREET ADDRESS 04/22/08--01028--006 STREET ADDRESS

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12. Thereby certify that the information supplied with this filling 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 charged, or on an attachingth with an address, with all other like empowered.

4/22/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED