


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90048 035 ****61.25

DOCUMENT # N07000010857 1. Entity Name MARTIN FAMILY FOUNDATION, INC.					
Principal Place of Business 833 SOUTH NEWPORT AVE TAMPA, FL 33606			Mailing Address 833 SOUTH NEWPORT AVE TAMPA, FL 33606		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number 26-1416403
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MARTIN, MARIE B 833 SOUTH NEWPORT AVE TAMPA, FL 33606				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</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	DP MARTIN, MARIE B 833 SOUTH NEWPORT AVE TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE : NAME STREET ADDRESS CITY-ST-ZIP	DTS MARTIN, ALLAN S 833 SOUTH NEWPORT AVE TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE : NAME STREET ADDRESS CITY-ST-ZIP	D BOUDREAUX, DAVID 18212 PARASOL WAY LUTZ, FL 33558	<input type="checkbox"/> Delete			
TITLE : NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE : NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE : NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE : NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2/7/08 Daytime Phone # 813.250.1257			