

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2002 8:00 am  
Secretary of State

02-13-2002 90234 038 \*\*\*\*61.25

DOCUMENT # N13753

1. Entity Name

THE GORRIE FOUNDATION, A FLORIDA NOT FOR PROFIT CORPORATION

Principal Place of Business

Mailing Address

C/O FOSTER, SUSAN  
705 DELEON ST., GORRIE ELEMENTARY SCHOOL  
TAMPA FL 33606  
US

C/O FOSTER, SUSAN  
705 DELEON ST., GORRIE ELEMENTARY SCHOOL  
TAMPA FL 33606  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2852349

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, SUSAN  
705 DELEON STREET  
GORRIE ELEMENTARY SCHOOL  
TAMPA FL 33606

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME WRIGHT, CHRISTOPHER A ☐ Delete  
STREET ADDRESS 404 E DAVIS BLVD  
CITY-ST-ZIP TAMPA FL 33606

TITLE Director ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME FOSTER, SUSAN ☐ Delete  
STREET ADDRESS 705 DELEON STREET  
CITY-ST-ZIP TAMPA FL

TITLE Director ☐ Change ☒ Addition  
NAME Linda Rowe  
STREET ADDRESS 68 Adalia Avenue Tampa, Fl 33606  
CITY-ST-ZIP

TITLE D  
NAME GILES, JIM ☐ Delete  
STREET ADDRESS 568 RHINE AVENUE  
CITY-ST-ZIP TAMPA FL 33606

TITLE President ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME MURRAY, ANNA  
STREET ADDRESS 122 ADALIA AVENUE  
CITY-ST-ZIP TAMPA FL 33606

TITLE Treasurer ☐ Change ☒ Addition  
NAME Betsy Chambers  
STREET ADDRESS 905 Bayshore Blvd. Tampa, Fl. 33606  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME OKUN, ALISON  
STREET ADDRESS 820 S ORLEANS AVE  
CITY-ST-ZIP TAMPA FL 33606

TITLE Director ☐ Change ☒ Addition  
NAME Carrie Greene  
STREET ADDRESS 122 Martinique Ave. Tampa, Fl. 33606  
CITY-ST-ZIP

TITLE T ☒ Delete  
NAME BRANDES, BECKY  
STREET ADDRESS 464 SEVERN AVENUE  
CITY-ST-ZIP TAMPA FL 33606

TITLE Director ☐ Change ☒ Addition  
NAME Becky Jensen  
STREET ADDRESS 470 Severn Ave. Tampa, Fl. 33606  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Susan Foster

Susan Foster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)