


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90045 028 ****70.00

DOCUMENT # N15254			
1. Entity Name MAKE-A-WISH FOUNDATION OF SARASOTATAMPA BAY, INC.			
Principal Place of Business 5033 W. LAUREL ST STE #110 TAMPA, FL 33607 US		Mailing Address 5033 W. LAUREL ST STE #110 TAMPA, FL 33607 US	
2. Principal Place of Business 1719 W. Kennedy Blvd		3. Mailing Address Same as above	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, Fla		City & State Above	
Zip 33606		Country USA	
4. FEI Number 59-2719588		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01062006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent FELDMAN, RANDY M DDS, MS 1773 W. FLETCHER AVE TAMPA, FL 33612		7. Name and Address of New Registered Agent Name: Frank de la Grana, President Street Address (P.O. Box Number is Not Acceptable): 1710 East 7th Ave City: Tampa, Fla FL Zip Code: 33605	
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: <u>Jeff Iseler Sec.</u>		DATE: _____	
Filing Fee is \$61.25 Due by May 1, 2006		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: PD NAME: FELDMAN, RANDY M DR. STREET ADDRESS: 1773 W. FLETCHER AVE CITY-ST-ZIP: TAMPA, FL 33612	<input checked="" type="checkbox"/> Delete	TITLE: VD NAME: Jim Hackman, V.P. STREET ADDRESS: 4121 N. 50th St CITY-ST-ZIP: Tampa, FL 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: ALVAREZ, DEREK ESQ. STREET ADDRESS: 2307 W. CLEVELAND STREET CITY-ST-ZIP: TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete	TITLE: SID NAME: Jeffery Iseler, Sec. STREET ADDRESS: 4890 W-Kennedy Blvd #700 CITY-ST-ZIP: Tampa 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: ID NAME: DEL RIO, EDDIE STREET ADDRESS: 888 EXECUTIVE CENTER DR W. #101 CITY-ST-ZIP: SAINT PETERSBURG, FL 33702	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MD NAME: VEE, YERRID STREET ADDRESS: 5124 SAN JOSE CITY-ST-ZIP: TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: President NAME: DE LA GRANA, FRANK ESQ. STREET ADDRESS: 1710 E. 7TH AVENUE CITY-ST-ZIP: TAMPA, FL 33605	<input type="checkbox"/> Delete	TITLE: PD - President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: PASSWATERS, BOB STREET ADDRESS: 107 HAMPTON ROAD, SUITE 120 CITY-ST-ZIP: CLEARWATER, FL 33759	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Jeff Iseler</u>		Date: <u>2/6/06</u> 1-813-288-2600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	