2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N18724

1. Entity Name
THE SUMTER & IVILYN LOWRY CHARITABLE FOUNDATION, INC.

FILED
Feb 14, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
3208 W CHAPIN AV TAMPA, FL 33611 US	P O BOX 18065 TAMPA, FL 33679-065 US

01292004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2824550
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, ANDREW M.
400 N TAMPA ST
TAMPA, FL 33602

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROWN, HELEN MURPHEY
STREET ADDRESS	3202 FAIROAKS AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	DVP
NAME	MURPHEY, DAVID R.
STREET ADDRESS	3208 W CHAPIN AV
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	DP
NAME	MURPHEY, ANN L.
STREET ADDRESS	3208 W CHAPIN AV
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	DST
NAME	SNYDER, CAROLINE M.
STREET ADDRESS	3308 SIERRA CIRCLE
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/16/04-80050-011 61.25

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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: Caroline M Snyder 2/11/04 8138318202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #