

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # N18724

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



Principal Place of Business
**3208 W CHAPIN AV
TAMPA, FL 33611 US**

Mailing Address
**P O BOX 18065
TAMPA, FL 33679-065 US**



01312005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

7. 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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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	

000000211531
02/02/05-80125-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Ann L. Murphey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/05 (831) 831-892