

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90015 002 \*\*\*\*61.25

**DOCUMENT # N22686**

1. Entity Name  
**SIERRA FOUNDATION, INC.**



Principal Place of Business  
**15436 N. FLORIDA AVENUE  
TAMPA, FL 33613**

Mailing Address  
**PO BOX 270603  
TAMPA, FL 33688**



**509 GUI SANDO DE AVILA  
TAMPA, FL 33613**

**509 GUI SANDO DE AVILA  
TAMPA, FL 33613**

01152004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2846736**

Applied For	
Not Applicable	

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

**6. Name and Address of Current Registered Agent**

**SIERRA, J. ROBERT  
15436 N. FLORIDA AVENUE, S-101  
TAMPA, FL 33613**

**509 GUI SANDO DE AVILA  
TAMPA, FL 33613**

**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

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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	SIERRA, J. ROBERT	
STREET ADDRESS	16201 VILLARREAL DE AVILA	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SIERRA, MARY	
STREET ADDRESS	16201 VILLARREAL DR AVILA	
CITY-ST-ZIP	TAMPA, FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GRAY, THOMAS H.	
STREET ADDRESS	4308 DEEPWATER LANE	
CITY-ST-ZIP	TAMPA, FL 33615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
509 GUI SANDO DE AVILA TAMPA, FL 33613	
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Thomas H. Gray*

1/20/04

813-963-5856