

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N22686 1. Entity Name SIERRA FOUNDATION, INC.	
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Principal Place of Business 509 GUI SANDO DE AVILA TAMPA, FL 33613	Mailing Address 509 GUI SANDO DE AVILA TAMPA, FL 33613
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DO NOT WRITE IN THIS SPACE



02072006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2846736	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SIERRA, J. ROBERT 509 GUI SANDO DE AVILA TAMPA, FL 33613

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

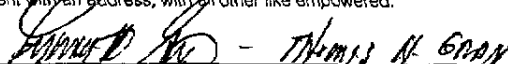
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIERRA, J. ROBERT 509 GUI SANDO DE AVILA TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIERRA, MARY 509 GUI SANDO DE AVILA TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRAY, THOMAS H. 509 GUI SANDO DE AVILA TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000442971
03/04/06-80041-010 61.25

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IN THIS SPACE**

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:  **THOMAS H. GRAY** **2/15/06** **813-963-5836**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #