

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22686

FILED
Apr 11, 2007
Secretary of State

Entity Name: SIERRA FOUNDATION, INC.

Current Principal Place of Business:

509 GUI SANDO DE AVILA
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

509 GUI SANDO DE AVILA
TAMPA, FL 33613

New Mailing Address:

FEI Number: 59-2846736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIERRA, J. ROBERT
509 GUI SANDO DE AVILA
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIERRA, J. ROBERT,
Address: 509 GUI SANDO DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: VD () Delete
Name: SIERRA, MARY,
Address: 509 GUI SANDO DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: STD () Delete
Name: GRAY, THOMAS H.,
Address: 509 GUI SANDO DE AVILA
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J ROBERT SIERRA

PRES

04/11/2007

Electronic Signature of Signing Officer or Director

Date