


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N27829</b> 1. Entity Name SEVEN SPRINGS FOUNDATION, INC.	
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Principal Place of Business 5213 S CRESCENT DRIVE TAMPA, FL 33611 US	Mailing Address 5213 S CRESCENT DRIVE TAMPA, FL 33611 US
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04302007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0077175	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LARSON, LORIE S 5213 S CRESCENT DRIVE TAMPA, FL 33611
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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, 2007**

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

000000757253  
05/23/07-80063-020 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARSON, LORIE S 5213 S. CRESCENT DR. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, SCOTT A 331 S. 104TH ST. SUITE C LOUISVILLE, CO 80027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROWE, BARBARA L 5213 S. CRESCENT DR. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, JACQUELINE C 411 EAST RIDGE VILLAGE DR. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**

*LORIE LARSON, P.* 4-28-07 813-391-5099  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #