

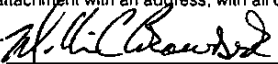


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90028 001 \*\*\*\*61.25

<b>DOCUMENT # N29922</b>					
1. Entity Name COUCH FAMILY FOUNDATION, INC.					
Principal Place of Business C/O THEODORE J. COUCH, SR. 1717 E. FOWLER AVENUE TAMPA, FL 33612			Mailing Address C/O THEODORE J. COUCH, SR. 1717 E. FOWLER AVENUE TAMPA, FL 33612		
2. Principal Place of Business		3. Mailing Address		 04042006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2926563	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COUCH, THEODORE J., SR. 1717 E. FOWLER AVENUE TAMPA, FL 33612				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COUCH, MARTHA K.			NAME	THEODORE J. COUCH, JR.
STREET ADDRESS	1717 E. FOWLER AVENUE			STREET ADDRESS	1717 E. FOWLER AVE.
CITY-ST-ZIP	TAMPA, FL			CITY-ST-ZIP	TAMPA, FL 33612
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUCH, THEODORE J., SR.			NAME	
STREET ADDRESS	1717 E. FOWLER AVENUE			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWDER, WILLIAM C			NAME	
STREET ADDRESS	1717 E FOWLER AVENUE			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33612			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUCH NOVACEK, MICHELLE			NAME	
STREET ADDRESS	1717 E FOWLER AVENUE			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33612			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWDER, WILLIAM CRAIG			NAME	
STREET ADDRESS	1717 E FOWLER AVENUE			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33612			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUCH, RICHARD			NAME	
STREET ADDRESS	1717 E. FOWLER AVE.			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL			CITY-ST-ZIP	
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:  William C Crowder				4-5-06 913-971-1040	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	