

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

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N29922

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



04112007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2926563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COUCH, THEODORE J., SR.
1717 E. FOWLER AVENUE
TAMPA, FL 33612

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COUCH, MARTHA K.
STREET ADDRESS	1717 E. FOWLER AVENUE
CITY-ST-ZIP	TAMPA, FL
TITLE	VD
NAME	COUCH, THEODORE J., SR.
STREET ADDRESS	1717 E. FOWLER AVENUE
CITY-ST-ZIP	TAMPA, FL
TITLE	SD
NAME	CROWDER, WILLIAM C
STREET ADDRESS	1717 E FOWLER AVENUE
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	D
NAME	COUCH NOVACEK, MICHELLE
STREET ADDRESS	1717 E FOWLER AVENUE
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	D
NAME	COUCH, THEODORE J JR
STREET ADDRESS	1717 E FOWLER AVENUE
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	D
NAME	COUCH, RICHARD
STREET ADDRESS	1717 E. FOWLER AVE.
CITY-ST-ZIP	TAMPA, FL

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IN THIS SPACE**

U000000710114
04/25/07-80030-016 61.25

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* **William C Crowder**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-07

Date

813-971-1040

Daytime Phone #