


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
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
---	---

DO NOT WRITE IN THIS SPACE



04222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2926563	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

000000925112
 05/20/08-80012-022 61.25

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

DO NOT WRITE 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: *William C Crowder* **William C Crowder** **4-23-08** **813-971-1040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #