

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29922

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: COUCH FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2926563      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COUCH, THEODORE J., SR.  
1717 E. FOWLER AVENUE  
TAMPA, FL 33612      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: COUCH, MARTHA K.  
Address: 1717 E. FOWLER AVENUE  
City-St-Zip: TAMPA, FL

Title: VD      ( ) Delete  
Name: COUCH, THEODORE J., SR.  
Address: 1717 E. FOWLER AVENUE  
City-St-Zip: TAMPA, FL

Title: SD      ( ) Delete  
Name: CROWDER, WILLIAM C  
Address: 1717 E FOWLER AVENUE  
City-St-Zip: TAMPA, FL 33612

Title: D      ( ) Delete  
Name: COUCH NOVACEK, MICHELLE  
Address: 1717 E FOWLER AVENUE  
City-St-Zip: TAMPA, FL 33612

Title: D      ( ) Delete  
Name: COUCH, THEODORE J JR  
Address: 1717 E FOWLER AVENUE  
City-St-Zip: TAMPA, FL 33612

Title: D      ( ) Delete  
Name: COUCH, RICHARD  
Address: 1717 E. FOWLER AVE.  
City-St-Zip: TAMPA, FL

**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:

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 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: WILLIAM C. CROWDER

SD

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date