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FILED

Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N31558 (2)

1. Corporation Name

CAMBRIDGE FOUNDATION, INC.

Principal Place of Business

Mailing Address

5820 B W CYPRESS ST  
TAMPA FL 33607  
US5820 B W CYPRESS ST  
TAMPA FL 33607-1785  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/06/1989

3a. Date of Last Report

07/08/1996

4. FEI Number

59-2953365

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ NoAFIELD, WALTER E  
5820 W CYPRESS ST.  
SUITE B  
TAMPA FL 33607

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME PROVENZANO, JUNITA-  
STREET ADDRESS 9006 HICKORY CR  
CITY-ST-ZIP TAMPA FL 33615TITLE VP ☐ DELETE  
NAME ROJAS, JESUS  
STREET ADDRESS 9046 WEST BAY BLVD  
CITY-ST-ZIP TAMPA FL 33615TITLE D ☐ DELETE  
NAME GONZALEZ, ANNETTE  
STREET ADDRESS 5524 SW 115TH AVENUE  
CITY-ST-ZIP COOPER CITY FL 33330TITLE D ☐ DELETE  
NAME FERNANDEZ, NERY  
STREET ADDRESS 317 W WEST STREET  
CITY-ST-ZIP TAMPA FL 33602TITLE D ☐ DELETE  
NAME JASON, ARTHUR  
STREET ADDRESS 5314 NORTHDAL BLVD.  
CITY-ST-ZIP TAMPA FL 33624TITLE D ☐ DELETE  
NAME BERGER, CHRISTOPHER J  
STREET ADDRESS 3810 SAN RAFAEL  
CITY-ST-ZIP TAMPA FL 33629

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME PROVENZANO, JUANA  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 9046 Westbay Blvd.  
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/97

(813) 281-0941

Date

Daytime Phone # 0047487

CR2E037 (9/96)