2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N35198

1. Entity Name
STAVROS FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
1 BEACH DR SE STE 305 ST PETERSBURG, FL 33701-953 US	1 BEACH DR SE STE 305 ST PETERSBURG, FL 33701-953 US

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01202006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3020374
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STAVROS, PAUL B.
1 BEACH DR SE, STE 305
ST. PETERSBURG, FL 33701

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STAVROS, GUS A.
STREET ADDRESS	1 BEACH DR SE, STE 305
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	DV
NAME	STAVROS, FRANCES L.
STREET ADDRESS	1 BEACH DR SE, STE 305
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	DST
NAME	STAVROS, PAUL B.
STREET ADDRESS	1 BEACH DR SE, STE 305
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	D
NAME	STAVROS, ELLEN
STREET ADDRESS	1 BEACH DR SE, STE 305
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	D
NAME	STAVROS, MARK
STREET ADDRESS	1 BEACH DR SE, STE 305
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/10/06-80074-007 61.25

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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: Gus A. Stavros Pres 1-25-06 727-822-4848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #