2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007
Secretary of State

DOCUMENT# N35198

Entity Name: STAVROS FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1 BEACH DR SE
STE 305
ST PETERSBURG, FL 33701953 US

New Principal Place of Business:

Current Mailing Address:

1 BEACH DR SE
STE 305
ST PETERSBURG, FL 33701953 US

New Mailing Address:

FEI Number: 59-3020374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STAVROS, PAUL B
1 BEACH DR SE, STE 305
ST. PETERSBURG, FL 33701 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: DP ( ) Delete
Name: STAVROS, GUS A
Address: 1 BEACH DR SE, STE 305
City-St-Zip: ST. PETERSBURG, FL

Title: DV ( ) Delete
Name: STAVROS, FRANCES L
Address: 1 BEACH DR SE, STE 305
City-St-Zip: ST. PETERSBURG, FL

Title: DST ( ) Delete
Name: STAVROS, PAUL B
Address: 1 BEACH DR SE, STE 305
City-St-Zip: ST. PETERSBURG, FL

Title: D ( ) Delete
Name: STAVROS, ELLEN
Address: 1 BEACH DR SE, STE 305
City-St-Zip: ST. PETERSBURG, FL

Title: D ( ) Delete
Name: STAVROS, MARK
Address: 1 BEACH DR SE, STE 305
City-St-Zip: ST. PETERSBURG, 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:

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: PAUL B STAVROS DST 07/05/2007
Electronic Signature of Signing Officer or Director — Date