

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90105 002 ****70.00

DOCUMENT # N35448

1. Entity Name
COMMUNITY FOUNDATION OF TAMPA BAY, INC.



Principal Place of Business
4950 W. KENNEDY BLVD
SUITE 250
TAMPA, FL 33609-1837 US

Mailing Address
4950 W. KENNEDY BLVD
SUITE 250
TAMPA, FL 33609-1837 US

50011399



01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3001853	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FISHER, DAVID J
4950 W. KENNEDY BLVD
SUITE 250
TAMPA, FL 33609

**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

March 27, 2006

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	DC RIEF, FRANK 4950 W. KENNEDY BLVD., SUITE 250 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FISCHER, DAVID J 4950 W KENNEDY BLVD SUITE #250 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SOLOMON, MARTIN B 4950 W KENNEY BLVD SUITE #250 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC SINK, ALEX Delete 4950 W KENNEDY BLVD SUITE #250 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC William Starkey 4950 W. Kennedy Blvd Suite 250 Tampa, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

David J. Fischer

March 27, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #