

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90031 032 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3001853	
5. Certificate of Status Desired ☒				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FISHER, DAVID J 4950 W. KENNEDY BLVD SUITE 250 TAMPA, FL 33609				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ 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, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC RIEF, FRANK 4950 W. KENNEDY BLVD., SUITE 250 TAMPA, FL 33609	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FISCHER, DAVID J 4950 W KENNEDY BLVD SUITE #250 TAMPA, FL 33609	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SOLOMON, MARTIN B 4950 W KENNEY BLVD SUITE #250 TAMPA, FL 33609	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC STARKEY, WILLIAM 4950 W KENNEDY BLVD SUITE #250 TAMPA, FL 33609	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC William Starkey 4950 W. Kennedy Blvd. Suite 250 Tampa, FL 33609	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Al May 4950 W. Kennedy Blvd. Suite 250 Tampa, FL 33609	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC Martin B. Solomon 4950 W. Kennedy Blvd. Suite 250 Tampa, FL 33609	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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: _____ <i>Self</i> _____ <i>2/2/07</i> <i>813-282-1975</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					