

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90036 016 \*\*\*\*70.00

<b>DOCUMENT # N35448</b> 1. Entity Name <b>COMMUNITY FOUNDATION OF TAMPA BAY, INC.</b>					
Principal Place of Business <b>4950 W. KENNEDY BLVD SUITE 250 TAMPA, FL 33609-1837 US</b>			Mailing Address <b>4950 W. KENNEDY BLVD SUITE 250 TAMPA, FL 33609-1837 US</b>		
2. Principal Place of Business - No P.O. Box # <b>550 N. Reo Street</b>		3. Mailing Address <b>550 N. Reo Street</b>		  02052008    Chg-NP    CR2E037 (12/06)	
Suite, Apt. #, etc. <b>Suite 301</b>		Suite, Apt. #, etc. <b>Suite 301</b>			
City & State <b>Tampa    FL</b>		City & State <b>Tampa    FL</b>			
Zip <b>33609-1037</b>		Zip <b>33609-1037</b>			
Country <b>Hillsborough</b>		Country <b>Hillsborough</b>		4. FEI Number <b>59-3001853</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FISHER, DAVID J 4950 W. KENNEDY BLVD SUITE 250 TAMPA, FL 33609</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>550 N. Reo Street, Suite 301</b>  City <b>Tampa</b> <b>FL</b> Zip Code <b>33609-1037</b>	
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 <u>David J. Fischer</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC RIEF, FRANK 4950 W. KENNEDY BLVD., SUITE 250 TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC William E. Starkey 550 N. Reo Street Suite 301 Tampa, FL 33609-1037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FISCHER, DAVID J 4950 W KENNEDY BLVD SUITE #250 TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Fischer, David J 550 N. Reo Street Suite 301 Tampa, FL 33609-1037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC SOLOMON, MARTIN B 4950 W KENNEDY BLVD SUITE #250 TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC Solomon, Martin B 550 N. Reo Street Suite 301 Tampa, FL 33609-1037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC STARKEY, WILLIAM 4950 W KENNEDY BLVD SUITE #250 TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Gene Marshall 550 N. Reo Street Suite 301 Tampa, FL 33609-1037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MAY, AL 4950 W. KENNEDY BLVD. STE.250 TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT May, Al 550 N. Reo Street Suite 301 Tampa, FL 33609-1037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>David J. Fischer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/29/08</u> Daytime Phone # <u>813 282 1975</u>		