

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90021 023 \*\*\*\*61.25

**DOCUMENT # N93000002613**

1. Entity Name  
**THE TARR CHARITABLE FAMILY FOUNDATION, INC.**



Principal Place of Business  
**240 S. PINEAPPLE AVE.  
10TH FLOOR  
SARASOTA, FL 34236**

Mailing Address  
**PO BOX 49948  
SARASOTA, FL 34230 US**

**40035054**



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

02282007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0416098**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**DOERR, KENNETH D  
240 S. PINEAPPLE AVE.  
10TH FLOOR  
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PSD  
BAND, DAVID S  
240 S. PINEAPPLE AVE., 10TH FLOOR  
SARASOTA, FL 34236** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VASD  
DOERR, KENNETH D  
240 S. PINEAPPLE AVE., 10TH FLOOR  
SARASOTA, FL 34236** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**TD  
DASCENZO, VERONICA  
240 S. PINEAPPLE AVE., 10TH FLOOR  
SARASOTA, FL 34236** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VASATD** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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TITLE  
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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 power like empowered.

SIGNATURE

**David S. Band, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #