

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90054 050 \*\*\*\*61.25

<b>DOCUMENT # N93000003483</b>					
<b>1. Entity Name</b> J. PATRICK MICHAELS, JR. FOUNDATION, INC.					
<b>Principal Place of Business</b> 101 E. KENNEDY BLVD. SUITE 3300 TAMPA, FL 33602			<b>Mailing Address</b> 101 E. KENNEDY BLVD. SUITE 3300 TAMPA, FL 33602		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01052005 Chg-NP CR2E037 (10/03)	
<b>4. FEI Number</b> 59-3197148				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GAWTHROP, H. GENE 101 E. KENNEDY BLVD. STE. 3300 TAMPA, FL 33602			Name <u>Gordon, Brad A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>101 E. Kennedy Blvd.</u> <u>Suite 3300</u> City <u>Tampa</u> FL <u>33602</u>		
<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.</b>					
SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>01/05/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
<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	DP MICHAELS, J. PATRICK JR. 101 E. KENNEDY BLVD, SUITE 3300 TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MICHAELS, JR., J. Patrick 101 E. Kennedy Blvd., Suite 3300 Tampa, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAWTHROP, H. GENE 101 E. KENNEDY BLVD, SUITE 3300 TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED WILSON, KIMBERLY L 101 E. KENNEDY BLVD, SUITE 3300 TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RAINEY, DORIS D 101 E. KENNEDY BLVD, SUITE 3300 TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORDON, BRAD A 101 E. KENNEDY BLVD, SUITE 3300 TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>01/05/05</u> (813) 318-9444 <small>Date Daytime Phone #</small>		