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FILED
Jan 29, 1999 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-29-1999 90063 008 *****61.25

DOCUMENT # N93000005778

1. Corporation Name

WALTER AND EDITH LOEBENBERG FAMILY FOUNDATION, I
NC.

Principal Place of Business

6529 CENTRAL AVENUE
ST. PETERSBURG FL 33710

Mailing Address

6529 CENTRAL AVENUE
ST. PETERSBURG FL 33710



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country
25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country
30

3. Date Incorporated or Qualified

12/27/1993

4. FEI Number

59-3221301

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SNYDER, D J
100 2ND AVENUE SOUTH
SUITE 400 NORTH
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11: Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
NAME LOEBENBERG, WALTER
STREET ADDRESS 6529 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE STD DELETE
NAME LOEBENBERG, DAVID
STREET ADDRESS 6529 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE D DELETE
NAME LOEBENBERG, MICHAEL
STREET ADDRESS 6529 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

Date

727-347-8900

Daytime Phone #

503734

CR2E037 (1/98)