

FILED

May 05 1998 8:00am  
Secretary of State

<p><b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b></p>		<p>FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS</p>
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1. Corporation Name

**JAMES M. AND DONNA B. SANTO FOUNDATION, INC.**

Principal Place of Business	Mailing Address
5113 S. NICHOL ST. TAMPA FL 33611	5113 S. NICHOL ST. TAMPA FL 33611

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip	Country	Zip	Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

3. Date Incorporated or Qualified		11/01/1994	
4. FEI Number	59-3275370		Applied For
			Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association?			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>FRAZIER, J. WARREN</b> <b>501 EAST KENNEDY BLVD.</b> <b>SUITE 1400</b> <b>TAMPA FL 33602</b>	81 Name <i>PC</i>
	82 Street Address <i>50</i>
	83
	84 City <i>Tampa</i>

10. Name and Address of New Registered Agent

Mr. J. Kelly  
P.O. Box Number is Not Acceptable  
E. Kennedy Blvd. # 1400

FL 05 Zip Code 33602

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			13.	
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	
NAME	SANTO, JAMES M		1.2 NAME	
STREET ADDRESS	5113 SOUTH NICHOL ST.		1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33611		1.4 CITY - ST - ZIP	
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME	SANTO, DONNA B		2.2 NAME	
STREET ADDRESS	5113 SOUTH NICHOL ST.		2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33611		2.4 CITY - ST - ZIP	
TITLE	DS	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME	KELLY, PETER J		3.2 NAME	
STREET ADDRESS	501 EAST KENNEDY BOULEVARD, SUITE 1400		3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33602		3.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY - ST - ZIP	

[illegible]

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.

**SIGNATURE:**

4-28-98

813 273 5000

CP2E037 (10/97)