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Mar 30, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005420

1. Corporation Name

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

Principal Place of Business

5113 S. NICHOL ST.
TAMPA FL 33611

Mailing Address

5113 S. NICHOL ST.
TAMPA FL 33611



2. Principal Place of Business 21 800 South Dakota Suite, Apt. #, etc. 22 Apt. 206 City & State 23 Tampa, FL Zip 24 33606 Country 25	2a. Mailing Address 26 800 South Dakota Suite, Apt. #, etc. 27 Apt. 206 City & State 28 Tampa, FL Zip 29 33606 Country 30	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"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

KELLY, PETER J
501 E KENNEDY BLVD
1400
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
Samuel J. Henderson
82 Street Address (P.O. Box Number is Not Acceptable)
One Urban Centre, 4830 W. Kennedy Blvd
83 Suite 147
84 City
Tampa FL 85 Zip Code
33609

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 617.0502, Florida Statutes.

SIGNATURE

Samuel J. Henderson

March 19, 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTO, JAMES M	1.2 NAME	
STREET ADDRESS	5113 SOUTH NICHOL ST.	1.3 STREET ADDRESS	800 SOUTH DAKOTA, APT. 206
CITY-ST-ZIP	TAMPA FL 33611	1.4 CITY-ST-ZIP	TAMPA, FLORIDA 33606
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTO, DONNA B	2.2 NAME	
STREET ADDRESS	5113 SOUTH NICHOL ST.	2.3 STREET ADDRESS	800 SOUTH DAKOTA, APT. 206
CITY-ST-ZIP	TAMPA FL 33611	2.4 CITY-ST-ZIP	TAMPA, FLORIDA 33606
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, PETER J	3.2 NAME	Henderson, Samuel J.
STREET ADDRESS	501 E KENNEDY BOULEVARD, SUITE 1400	3.3 STREET ADDRESS	4830 W. Kennedy Blvd., Ste. 147
CITY-ST-ZIP	TAMPA FL 33602	3.4 CITY-ST-ZIP	Tampa, Florida 33609
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Samuel J. Henderson

3/24/99

813 258-8545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)