2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000005420

1. Entity Name
JAMES M. AND DONNA B. SANTO FOUNDATION, INC.



Principal Place of Business

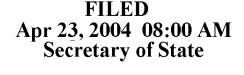
3435 BAYSHORE BOULEVARD

601 TAMPA, FL 33629 Mailing Address

3435 BAYSHORE BOULEVARD

601

TAMPA, FL 33629





DO NOT WRITE IN THIS SPACE

04192004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3275370

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, SAMUEL J 4301 ANCHOR PLAZA PARKWAY SUITE 300 TAMPA, FL 33634

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	e named entity submits this statement for the tions of registered agent.	purpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida I am familiar	with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	e if applicable. (NOTE, Registered	Agent signature	required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	1/00000126316 04/23/04-80029-004	61.25
10.	OFFICERS AND DIRE	CTORS				
TITLE Name Street Address City-St-Zip	PD SANTO, JAMES M 3435 BAYSHORE BLVD # 601 TAMPA, FL 33629				-	
TITLE NAME	VPD SANTO, DONNA B			-		

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3435 BAYSHORE BLVD # 601 CITY-ST-ZIP TAMPA, FL 33629 TITLE NAME HENDERSON, SAMUEL J STREET ADDRESS 4301 ANCHOR PLAZA PARKWAY # 300 CITY-ST-ZIP TAMPA, FL 33634 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filing

12. Thereby certify that the information supplied with this filling 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.

SIGNATURE:

MATURE AND TYPED OR PHINED NAME OF SIGNING OFFICER OF DIRECTOR

&13.831-4700

Daytime Phone #