

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**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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IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**11000000126316  
04/23/04-80029-004 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SANTO, JAMES M
STREET ADDRESS	3435 BAYSHORE BLVD # 601
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	VPD
NAME	SANTO, DONNA B
STREET ADDRESS	3435 BAYSHORE BLVD # 601
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	DS
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	

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IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**James M. Santo, Pres & Director 4/21/04 83831-4700**