

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 16, 2005 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



02102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
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, 2005

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTO, JAMES M 3435 BAYSHORE BLVD # 601 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANTO, DONNA B 3435 BAYSHORE BLVD # 601 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HENDERSON, SAMUEL J 4301 ANCHOR PLAZA PARKWAY # 300 TAMPA, FL 33634
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02/16/05-80046-020 61.25

**DO NOT WRITE
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)(f), 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

2/14/05
Date

813-831-4700
Daytime Phone #