

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 A
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**



03182006 No Chg-NP

CR2E037 (11/05)

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UD00000477722
04/06/06-80062-016 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	
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 exemptions contained in Chapter 119, 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 #

3/18/06
(813) 831-4700