2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 27, 2008 8:00 am Secretary of State

Name and Address of Current Registered Agent Sude April 1 Sude April 2 Su	Entity Name JAMES M. AND DONNA B. SANTO FOUNDATION, INC.		03-27-	2008 90028 032 ****61.25
Suits, Apt. #, etc. Suits, Apt. #, etc. Suits, Apt. #, etc. 03242008 Chg.NP CR2E037 (12/06) Cry & State City & State City & State Applied For Fill Number Sy-3275370 Applied For Roit Applied For	8044 NW 28TH ST 8044 NW 28TH ST		A INCOME AND INCOME PIGN APPLI	
City & State Ci	Principal Place of Business - No P.O. Box # 3. Mailing Address			14
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8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 4301 ANCHOR PLAZA PARKWAY #300 TAMPA, FL 33634 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SUBMITTER	City & State City & State	City & State		
HENDERSON, SAMUEL J 4301 ANCHOR PLAZA PARKWAY #300 TAMPA, FL 33634 8. The above named entity submits his statement for the purpose of changing its registered diffice. To OCALA FL 33634 8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Spotiar, lipsel or prend une of inquiser of tief agencies. Filling Fee is \$61.25 Due by May 1, 2008 P. Election Cempblign Financing Added to Fees Plorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME SANTO, JAMES M SANTO, JONNA B SITERI ADDRESS OCALA, FL 34482 TITLE SANTO, JONNA B SITERI ADDRESS OCALA, FL 34482 TITLE SOUTH ST. 2P TITLE DOCALA, FL 34482 TITLE SOUTH ST. 2P TITLE SOUTH ST.	Zip Country Zip	Country	<u></u>	Fee Required -
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Supviture		Street Address	(P.O. Box Number is Not Acc	ST epiable)
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12. I persoy certify that the information supplied with this tiling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is rune 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:

ND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/24/28 (352)35/-/123