

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

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000006133

1. Entity Name
FERGUSON FOUNDATION, INC.



Principal Place of Business
**C/O STELLA F. THAYER
400 N. TAMPA ST. STE 2300
TAMPA, FL 33602**

Mailing Address
**% STELLA F. THAYER
P.O. BOX 1531
TAMPA, FL 33601**



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3285377

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FERGUSON, LOUISE L
400 N. TAMPA ST.
TAMPA, FL 33602**

**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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000034390
03/22/04-80056-008 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FERGUSON, LOUISE L 5400 INTERBAY BLVD TAMPA, FL 36611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SATD FERGUSON, HOWELL L 310 W. COLLEGE AVENUE TALLAHASSEE, FL 32302
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD THAYER, STELLA F 400 NORTH TAMPA STREET, SUITE 2300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: Stella F Thayer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/04
Date

(813) 222-8931
Daytime Phone #