


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90468 031 ****61.25

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		
2. Principal Place of Business 201 E. Kennedy Boulevard Suite, Apt. #, etc. Suite 1608			3. Mailing Address Suite, Apt. #, etc. City & State 		
City & State Tampa, FL			City & State 		
Zip 33602		Country US		4. FEI Number 59-3285377	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FERGUSON, LOUISE L 400 N. TAMPA ST. TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 201 E. Kennedy Boulevard - Suite 1608 City Tampa		
State FL			Zip Code 33602		
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: <u><i>Louise L. Ferguson</i></u> 4/25/05 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FERGUSON, LOUISE L 5400 INTERBAY BLVD TAMPA, FL 36611	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SATD FERGUSON, HOWELL L 310 W. COLLEGE AVENUE TALLAHASSEE, FL 32302	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD THAYER, STELLA F 400 NORTH TAMPA STREET, SUITE 2300 TAMPA, FL 33602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	201 E. Kennedy Boulevard - Suite 1608 Tampa, Florida 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Stella F. Thayer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/25/05 (813) 222-8931 <small>Date Daytime Phone #</small>		