

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

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000006269	
1. Entity Name DANKER-BASHAM FOUNDATION, INC.	

Principal Place of Business 2202 N. WESTSHORE BLVD., 5TH FLOOR TAMPA, FL 33607 US	Mailing Address 2202 N. WESTSHORE BLVD., 5TH FLOOR TAMPA, FL 33607 US
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DO NOT WRITE IN THIS SPACE

03292006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3284079	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BASHAM, ROBERT D
2202 N. WESTSHORE BLVD., 5TH FLOOR
TAMPA, FL 33607**

**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 _____ DATE **04/20/06**
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$61.25
Due by May 1, 2006**

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	D BASHAM, ROBERT D 2202 N. WESTSHORE BLVD., 5TH FLOOR TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KADOW, JOSEPH J 2202 N. WESTSHORE BLVD., 5TH FLOOR TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANKER, RICHARD O 23400 DOVER RD MIDDLEBURG, VA 22117
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 an alternate email address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06

813-282-1225

Date

Daytime Phone #